

Case Number:	CM14-0201449		
Date Assigned:	12/11/2014	Date of Injury:	11/01/1998
Decision Date:	10/26/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 70 year old with an industrial injury dated 11-01-1998. The record submitted is dated 10-30-2014. Medical record review indicates the injured worker is being treated for lumbar spondylosis with myelopathy, IVD displacement, and facet syndrome. The provider documents the injured worker has a herniated disc at the third lumbar level along with possible additional disc herniations at the fourth and fifth lumbar levels. Other documentation by the provider documents the injured worker suffers from facet syndrome causing him to have low back pain in the lower three lumbar regions. The pain is documented as associated with sciatic pain down one or both legs as well as into his groin area. Subjective and objective findings and prior treatment are not present in the 10-30-2014 note. The provider is requesting spinal decompression of the lower three lumbar discs. The treatment request is for 20 daily lumbar spine decompression sessions. On 11-07-2014 the request for 20 daily lumbar spine decompression sessions was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

20 Daily lumbar spine decompression sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Care, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Decompression.

Decision rationale: The claimant presented with chronic low back pain with over 16 years duration. Previous treatments records are not available for review. While evidences based MTUS guidelines do not address decompression, ODG and ACOEM guidelines do not recommend decompression/traction for low back complaints. Therefore, the request for 20 daily lumbar spine decompression sessions is not medically necessary.