

<b>Case Number:</b>	CM13-0021459		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This is a 66-year-old female injured in a work-related accident on 7/19/12. Recent clinical records for review indicate a 6/24/13 assessment where the claimant was with continued low back complaints with radiating numbness into the left thigh. There were also complaints of wrist pain and stiffness with no current documented subjective findings in the neck. The claimant was given a diagnosis of cervical strain with right upper extremity radiculopathy and stenosis as well as thoracolumbar strain with right lower extremity radiculopathy and bilateral sacroiliac joint injury. The only imaging for review is an MRI of the cervical spine dated 11/14/12 that showed mild right neural foraminal narrowing at C3-4 with mild degenerative stenosis at C4-5, C5-6, and C6-7 with 2 mm. broad-based disc protrusions. Recent treatment has included medication management and activity restrictions. There was a request for bilateral sacroiliac joint injections. At last clinical assessment, a home traction units as well as use of an electric muscle stimulator and a urine toxicology screen were recommended for further treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**home traction unit (cervical and lumbar): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287. Decision based on Non-MTUS Citation Official Disability Guidelines - Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: neck procedure

**Decision rationale:** Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the role of traction to both the cervical and lumbar spine would not be indicated. California ACOEM Guidelines do not recommend the role of traction for long-term efficacy or relief in low back setting. Furthermore, there is no lumbar imaging available for review to support compressive pathology for which traction would be warranted. When this is coupled with lack of conservative care noted to the claimant's cervical spine as well as cervical MRI findings that fail to demonstrate specific compressive pathology, the role of the above treatment would not be indicated at this time.

**urine toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Page(s): 9.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Urine Drug Screen.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, the role of urine drug toxicology screening is recommended to demonstrate adherence to current medication regimen. Unfortunately, records fail to demonstrate current medications being utilized or misuse history of medications on assessment. Based on the above, the use of a urine drug screen would not be indicated for further treatment.

**home electrical muscle stimulation unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic Pain Page(s): 114-115,116.

**Decision rationale:** Based on California MTUS Guidelines, the role of electrical stimulation in this case would not be indicated. The records fail to demonstrate recent conservative care to the claimant's cervical or lumbar spine. Guidelines in regard to use of a TENS device or similar devices would support the role of conventional first line therapies prior to proceeding with this type of intervention. The absence of documented recent treatment or benefit with recent treatment would fail to necessitate a TENS device at this stage in the course of care.