

<b>Case Number:</b>	CM14-0102829		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/12/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 58-year-old female with a 1/12/10 date of injury. The mechanism of injury occurred while performing her usual and customary duties as a firefighter paramedic. According to a progress report dated 7/16/14, the patient complained of lower back pain, which shoots down the legs and into the left foot. She has been using more pain medications and was not happy about the way it affected her. She stated that DRX treatments have worked for her in the past and had successful relief of pain, even 1 year after using it. Objective findings: limited range of motion of neck and waist. Diagnostic impression: chronic neck pain, chronic low back pain, facet joint syndrome, left lower extremity pain, paresthesia, and weakness, left sided sacroiliitis. Treatment to date: medication management, activity modification, chiropractic care, physical therapy, traction. A UR decision dated 6/26/14 denied the request for DRX 9000 treatment. The guidelines state that traction has not been proved effective for lasting relief in treating low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DRX 9000 Treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Traction

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter X Other Medical Treatment Guideline or Medical Evidence: <http://www.spinalstenosisanddisc.com/drx-9000.html>

**Decision rationale:** CA MTUS states that traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. According to an online search, the DRX 9000 is a non-surgical spinal decompression technology. It is a computerized and integrated form of spinal tractions used in the care and treatment of herniated discs, spinal stenosis, sciatica, disc degeneration, and failed back surgery syndrome. A specific rationale identifying why lumbar traction would be required in this patient despite lack of guideline support was not provided. Therefore, the request for DRX 9000 Treatment was not medically necessary.