

<b>Case Number:</b>	CM14-0013483		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/18/2003
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 & 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:

The injured worker is a 75-year-old female who reported an injury on 02/18/2003. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 01/03/2014, the injured worker complained of left shoulder pain from tendonitis. She also reported pain in her deltoid. An MRI (magnetic resonance imaging) was completed of the cervical spine and brain. The MRI of the cervical spine showed multilevel degenerative changes slightly worsened at C4-5 and C5-6. Upon physical exam, the provider noted the injured worker to have a positive impingement test in the left shoulder with decreased range of motion secondary to pain. There was tenderness over the deltoid with tight band and active trigger point. Neurological exam was otherwise unchanged. The injured worker had diagnoses of chronic back pain and left S1 radiculopathy, history of T8 radiculopathy, cervical spondylosis and myelomalacia, left shoulder tendonitis and deltoid myofascial pain. The provider noted the left shoulder was injected with 2 cc of 1% lidocaine and 40 mg of Kenalog. In addition, the provider performed a trigger point in the left deltoid. He recommended the injured worker to continue with pain medication and home exercise post injection. The provider requested for 20 sessions of decompression reduction extraction of the lumbar decompression therapy; however, the rationale was not provided for review in the documentation. The Request for Authorization was submitted and dated 01/09/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 SESSIONS DRX LUMBAR DECOMPRESSION THERAPY, BETWEEN 12/172/013 AND 3/11/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (acute & chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Traction.

**Decision rationale:** The request for 20 sessions DRX lumbar decompression therapy is non-certified. The injured worker complained of left shoulder pain from tendonitis. The injured worker complained of pain in her deltoid. The CA MTUS/ACOEM note traction has not been proved effective for lasting relief in treating low back pain. Evidence was insufficient to support using vertebral axial decompression for treating low back injuries and is not recommended. However, the Official Disability Guidelines (ODG) does not recommend using power traction devices, but home based patient controlled gravity traction may be a noninvasive conservative option if used as an adjunct to a program of evidence-based conservative care due to functional restoration. As a sole treatment, traction has not been proven effective for lasting relief in the treatment of low back pain. Traction has not been shown to improve symptoms for patients with or without sciatica. The guidelines do not recommend the use of traction with low back pain issues. Therefore, the request is non-certified.