

<b>Case Number:</b>	CM14-0077325		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Occupational Medicine 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:

Patient is a 37-year-old male with date of injury 03/28/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, and dated 04/11/2014, lists subjective complaints as midline and left sided mid back pain due to rib injury. Objective findings: Examination of the thoracic spine from T4-T8 revealed restricted range of motion; 30 degrees to the left and 30 degrees to the right, rotation to the right caused increased pain. Diagnosis: 1. Chronic back pain 2. Thoracic spine strain and disk disease 3. Myofascial pain 4. Possible intercostal strain 5. Hemangioma T10 vertebral body. Prior treatments include 12 sessions of chiropractic, 6 sessions of acupuncture, and 18 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 x one hour Axial Decompression, Spinal adjustments and soft tissue treatments four (4) times a week for Five (5) weeks. (\$4000 total): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Traction.

**Decision rationale:** The Official Disability Guidelines do not recommend using powered 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 to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of lower back pain (LBP), with or without sciatica. Axial decompression is not medically necessary.