

Case Number:	CM14-0078745		
Date Assigned:	07/18/2014	Date of Injury:	01/12/2010
Decision Date:	09/24/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/29/2014

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 Nevada. 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 58-year-old female who was reportedly injured on January 12, 2010. The mechanism of injury is noted as getting caught in the hose of a fire engine. The most recent progress note, dated April 16, 2014, indicates that there are ongoing complaints of cervical, thoracic, and lumbar spine pain as well as pain in the bilateral shoulders and hands. The physical examination demonstrated spasms throughout the spine greatest on the right side. Diagnostic nerve conduction studies of the upper extremities revealed mild carpal tunnel syndrome bilaterally. A myelogram of the lumbar spine showed small ventral defects at L2-L3, L3-L4, and L4-L5. Small diverticulitis or seen in the nerve root sheath at L5-S1 bilaterally and on the right at L4-L5. Previous treatment includes physical therapy, chiropractic care, injections and oral medications. A request was made for DRX 9000 treatment and was not certified in the pre-authorization process on April 29, 2014.

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.

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 and Thoracic, Powered Traction Devices.

Decision rationale: According to the Official Disability Guidelines powered traction devices are not recommended. While there are some limited studies which support the use of power traction in general there is insufficient evidence to support its use for low back injuries. Specifically it is stated that a randomized double-blind trial is needed to measure the efficacy of the DRX 9000 system. Considering this, the request for DRX 9000 treatment is not medically necessary.