MAXIMUS Federal Services

Case Number:	CM13-0039544		
Date Assigned:	01/15/2014	Date of Injury:	09/13/2010
Decision Date:	01/02/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/07/2013

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 56 year old employee with date of injury of 9/3/2010. Medical records indicate the patient is undergoing treatment for cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis and mild degenerative changes at C5-C6 and C6-C7 levels; forehead contusion with daily headaches; right shoulder periscapular sprain/strain with right lower extremity radiculitis and decreased disc height at L5-S1 with anterior spurring; right elbow medial and lateral epicondylitis and right wrist and forearm sprain/strain with tendinitis; possible early complex regional pain syndrome of the right upper extremity; stress, depression and insomnia. Subjective complaints include neck pain; low back pain that radiates to the right lower extremity with a burning sensation to the foot; right upper extremity pain to include the right shoulder, arm, elbow and wrist; intermittent left shoulder pain; forehead contusion with associated headaches, daily; stress, depression and sleep disturbance. Objective findings include tenderness to palpation with mild muscle guarding and spasm across the paraspinal musculature bilaterally in the cervical and lumbar spine and trapezius muscles in the cervical spine bilaterally. A cervical compression test elicits pain in the paraspinal musculature bilaterally. There is reduced range of motion (ROM) in the cervical and lumbar spine as well as the bilateral shoulders, right elbow and wrist. Gaesnslen's, Patrick's and Fabere's tests are negative bilaterally. A straight leg test elicits low back pain when performed on the right. An impingement and cross arm test was positive for the right shoulder. At the right elbow there is tenderness to palpation over the medial and lateral epicondyles as well as the proximal forearm flexor and extensor musculature. The patient has a normal gait and can heel/toe walk. Treatment has consisted of OrthoStim 4, Lyrica, Meclizine and Mobic. The utilization review determination was rendered on 10/03/2013 recommending non-certification of 1 Lumbar Traction Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-310.

Decision rationale: ACOEM states "Traction has not been proved effective for lasting relief in treating lowback pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended". As such the request, 1 Lumbar Traction Unit is not medically necessary.