

<b>Case Number:</b>	CM14-0132037		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

California MTUS/ACOEM Practice Guidelines state physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, TENS therapy, PENS therapy and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Traction has not been proved effective for lasting relief in treating low back pain. Therefore, the current request for mechanical traction therapy cannot be determined as medically appropriate in this case. Additionally, there was no frequency or quantity listed in the request. There is also no specific body part listed. As such, the request is not medically appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mechanical Traction Therapy, Massage Therapy, Electrical Stimulation and Therapeutic Exercises once per week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 298-300.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, TENS therapy, PENS therapy and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Traction has not been proved effective for lasting relief in treating low back pain. Therefore, the current request for mechanical traction therapy cannot be determined as medically appropriate in this case. Additionally, there was no frequency or quantity listed in the request. There is also no specific body part listed. As such, the request is not medically appropriate.