

<b>Case Number:</b>	CM14-0146116		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 65 year old female who sustained an industrial injury on 10-3-11. The injured worker has been treated for cervical sprain-strain, mild spondylosis; lumbar spine sprain-strain with mild spondylosis; right knee sprain. She currently (8-21-14 note hand written and parts are illegible) complains of daily low back pain with a pain level of 5-6 out of 10. The 5-28-15 note indicates that physical therapy has not been offered for the lumbar spine. On physical exam (5-28-15) of the lumbar spine there was tenderness to palpation with muscle spasms, positive Faber's bilaterally, positive Kemp's, decreased range of motion; cervical spine revealed tenderness to palpation, pain bilaterally, decreased range of motion. Diagnostics include cervical and lumbar spine x-ray (3-21-14) showing mild spondylosis. Treatments to date include right knee Synvisc injection times 3, last 2-12-14; physical therapy 12 sessions for the right knee with some improvement. The request for authorization was not present. On 9-3-14 Utilization review non-certified the request for 1 lumbar traction unit; 1 cervical traction unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One lumbar traction unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Per the ACOEM guidelines: "Traction has not been proven effective for lasting relief in low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." As mechanical traction is not recommended, the request is not medically necessary.

**One cervical traction unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach.

**Decision rationale:** Per the ACOEM guidelines: "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." The Summary of Recommendations and Evidence does not recommend traction. As the guidelines do not support cervical traction, the request is not medically necessary.