

Case Number:	CM14-0193158		
Date Assigned:	11/26/2014	Date of Injury:	10/05/2013
Decision Date:	01/14/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional spine 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:

This patient presents with low back pain. The patient is status post left shoulder injection from 08/14/2014. The ACOEM Guidelines page 300 on the lumbar traction states, "Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." Furthermore, ODG states that traction has not been proved effective for lasting relief in the treatment of low back pain; traction is the use of force that separates the joint surfaces and elongates the surroundings of tissues. The records show that the patient has received 9 orthopedic lumbar treatments recently. In this case, ACOEM and ODG guidelines do not support the use of traction for the treatment of lumbar spine pain. The request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 15 active dynamic non-surgical lumbar treatment isolation technique computer assisted sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter on Traction

Decision rationale: This patient presents with low back pain. The patient is status post left shoulder injection from 08/14/2014. The ACOEM Guidelines page 300 on the lumbar traction states, "Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." Furthermore, ODG states that traction has not been proved effective for lasting relief in the treatment of low back pain; traction is the use of force that separates the joint surfaces and elongates the surroundings of tissues. The records show that the patient has received 9 orthopedic lumbar treatments recently. In this case, ACOEM and ODG guidelines do not support the use of traction for the treatment of lumbar spine pain. The request is not medically necessary.