

Case Number:	CM14-0203055		
Date Assigned:	12/15/2014	Date of Injury:	06/22/2012
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/04/2014

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 Occupational Medicine, has a subspecialty in Medical toxicology and is licensed to practice in West Virginia. 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:

According to the records made available for review, the injured worker is a 57 year-old female with a date of injury of 06/22/2012. The results of the injury included low back pain and bilateral knee pain. Diagnoses include lumbar myoligamentous injury with right bilateral lower extremities radicular symptoms; right knee medial meniscus tear, status post arthroscopy (06/28/2013); left knee medial meniscus tear, status post arthroscopy (05/09/2014); and cervical myoligamentous injury with bilateral upper extremity radiculopathy. Diagnostic studies have included a MRI of the cervical spine, dated 11/11/2014, which revealed degenerative disc disease at C4-C5 and C5-C6; hypolordosis of the cervical spine; and limited cervical spine range of motion in flexion and extension. Bilateral lower extremity nerve conduction studies, performed on 05/28/2014, were unremarkable. Treatments have included medications, knee brace, trigger point injections, physical therapy, chiropractic manipulation, and surgical intervention. Medications have included Anaprox, Prilosec, Norco, Ultram ER, Soma, and LidoPro topical ointment. Surgical intervention has included a left knee diagnostic and operative arthroscopy, performed on 05/09/2014. A progress note from the treating physician, dated 10/29/2014, documents a follow-up re-evaluation with the injured worker. The injured worker reported low back pain which is aggravated with bending, twisting, and turning and rated a 7/10 on the visual analog scale; left knee pain which is aggravated with any type of weight bearing; and upper extremity radicular symptoms, left greater than right, with numbness and tingling in the hands and fingers. Objective findings included tenderness upon palpation about the lumbar paravertebral musculature and sciatic notch regions, decreased lumbar spine range of motion, normal lower extremity motor testing, tenderness to palpation along the medial lateral joint line of the bilateral knees, crepitus with general range of motion in both knees, and decreased range of motion of the cervical spine. The plan of treatment included medication management,

orthopedic follow-up, and pain management follow-up. Request is being made for Lumbar Traction (Purchase). On 11/21/2014, Utilization Review non-certified a prescription for Lumbar Traction (Purchase). Utilization Review non-certified a prescription for Lumbar Traction (Purchase) based on it not being appropriate or medically necessary. As well, the evidence-based guidelines suggest that any form of traction may not be effective; and there is lack of documentation of active treatment modalities, such as physical therapy or an aggressive structured home exercise program being performed. The Utilization Review cited the Official Disability Guidelines: Pain: DME; and the Official Disability Guidelines: Low Back: Traction. Application for independent medical review was made on 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Traction (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Traction

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, lumbar and thoracic Traction

Decision rationale: Per the CA-MTUS (ACOEM), 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. Per the ODG it is "As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain... The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP [low back pain], with or without sciatica. There was moderate evidence that autotraction (patient controlled) was more effective than mechanical traction (motorized pulley) for global improvement in this population. (Clarke-Cochrane, 2005) Traction has not been shown to improve symptoms for patients with or without sciatica." ACOEM does not recommend as a general recommendation, ODG may indicate if traction is utilized as part of an ongoing program of physical modalities, available records detail no other physical methods currently in use. As such the request for lumbar traction is deemed not medically necessary.