MAXIMUS Federal Services

Case Number:	CM15-0137739		
Date Assigned:	07/27/2015	Date of Injury:	01/30/2000
Decision Date:	08/26/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58 year old female, who sustained an industrial injury on January 30, 2000. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar degenerative disc disease with facet arthropathy, lumbar spine sprain and syndrome, right total knee replacement, right total knee arthroplasty with revision, left knee internal derangement, reactionary depression and anxiety, cervical spine sprain and strain syndrome, degeneration facet disease, right shoulder internal derangement with status post arthroscopy, left shoulder internal derangement, and medication induced gastritis and nausea. Treatment and diagnostic studies to date has included physical therapy, trigger point injections, facet injections, medication regimen, magnetic resonance imaging of the left hip, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, electromyogram, magnetic resonance imaging of the right shoulder, and bilateral sacroiliac injections. In a progress note dated July 01, 2015 the treating physician reports complaints of pain to the left lumbar spine with numbness and tingling to the left lower extremity, pain to the left hip, pain to the neck, pain to the right knee, pain to the right shoulder, and significant gastrointestinal symptoms. Examination reveals a stiff, antalgic gait that favors the right lower extremity, tenderness to the right lumbar muscles, decreased range of motion to the lumbar spine, tenderness and trigger points to the right posterior lumbar muscles, positive Faber's maneuver to the left hip, tenderness to the right knee, decreased range of motion to the right shoulder, tenderness to the anterior lateral aspect of the right shoulder, tenderness to the cervical muscles with the left greater than the right and the trapezius muscles,

and pain with cervical range of motion. The treating physician requested the purchase of lumbar and cervical traction units noting that the injured worker responded well to this treatment during physical therapy, but that the use of this equipment was intermittent and the injured worker would like a home unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar traction unit (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 173 and 300.

Decision rationale: Lumbar traction unit (purchase) is not medically necessary per the MTUS guidelines. The MTUS ACOEM Guidelines state that traction is not recommended as it has not been proved effective for lasting relief in treating low back pain or neck pain. The documentation does not reveal extenuating circumstances which would necessitate cervical traction or lumbar traction both of which are not supported by the MTUS as an effective long lasting treatment in neck or low back pain relief. This request is therefore not medically necessary.

Cervical traction unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173 and 300.

Decision rationale: Lumbar traction unit (purchase) is not medically necessary per the MTUS guidelines. The MTUS ACOEM Guidelines state that traction is not recommended as it has not been proved effective for lasting relief in treating low back pain or neck pain. The documentation does not reveal extenuating circumstances which would necessitate cervical traction or lumbar traction both of which are not supported by the MTUS as an effective long lasting treatment in neck or low back pain relief. This request is therefore not medically necessary.