

<b>Case Number:</b>	CM15-0167892		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: 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:

The injured worker was 34 year old female, who sustained an industrial injury on September 26, 2014. The injured current complaint was worsening left shoulder pain, bilateral knee pain, cervical spine pain and lumbar spine pain. The injured worker was using the cervical spine traction in chiropractic session with cervical traction and found it to be helpful. The physical exam noted the traction for the cervical spine helped with increased range of motion and strengthening with decreased stiffness, aching and spasms. The lower back pain increased with work activities. There was pain across the back. There were spasms and achiness. There was decreased range of motion to the cervical spine with flexion and extension. The left shoulder examination noted tenderness of the trapezius, SST, SA, and AC. The left shoulder was positive for impingement. The examination of the lumbar spine noted guarding of the bilateral paravertebral musculatures, all lumbar and S1 joint. There was decreased range of motion. The straight leg raises were positive. The Kemp, S1 stress test and Grinder tests were positive. The injured worker was diagnosed with left shoulder pectoral strain, AC joint osteoarthritis, bilateral knee sprain and or strains, lumbar strain and or sprain and cervical spine strain and or sprain with degenerative disc disease with mild endplate degenerative changes. The injured worker's treatment plan consisted of chiropractic services helped, Motrin, home exercise program and Avapro. The treatment plan included LSO brace and cervical spine traction unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LSO brace:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter under Lumbar Supports.

**Decision rationale:** The patient presents on 07/21/15 with left shoulder pain, bilateral knee pain, cervical spine pain, and lumbar spine pain. The patient's date of injury is 09/26/14. Patient has no documented surgical history directed at these complaints. The request is for 1 LSO BRACE. The RFA is dated 07/21/15. Physical examination dated 07/21/15 reveals tenderness to palpation and guarding of the left shoulder, lumbar spine, and cervical spine, with positive impingement test noted in the left shoulder and positive Kemp's test, straight leg raise test, and grinder test noted. The patient's current medication regimen is not provided. Patient is currently advised to return to modified work ASAP. MTUS/ACOEM Guidelines Chapter 12, page 301 on lumbar bracing states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG Guidelines, Low Back chapter under Lumbar Supports states: Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. very low quality evidence, but may be a conservative option. In regard to the request for a lumbar spine orthotic, the request is not supported by guidelines for nonspecific lumbar pain. Progress reports provided do not indicate that this patient has been issued any DME bracing for the lumbar spine to date. While ODG guidelines indicate that such bracing is a conservative option for nonspecific low back pain there is very low grade evidence for this treatment modality. This patient presents with chronic lower back pain without a history of surgical intervention, there is no indication that this patient has any lumbar instability, spondylosis, fractures, or other acute injury which would warrant a lumbar brace. Therefore, the request IS NOT medically necessary.

**1 Cervical spine traction unit:** 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), Neck and Upper Back (Acute and Chronic), Traction (mechanical).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical) and Other Medical Treatment Guidelines MTUS/ACOEM guidelines, chapter 8, page 173,181.

**Decision rationale:** The patient presents on 07/21/15 with left shoulder pain, bilateral knee pain, cervical spine pain, and lumbar spine pain. The patient's date of injury is 09/26/14. Patient has no documented surgical history directed at these complaints. The request is for 1 CERVICAL SPINE TRACTION UNIT. The RFA is dated 07/21/15. Physical examination dated 07/21/15 reveals tenderness to palpation and guarding of the left shoulder, lumbar spine, and cervical spine, with positive impingement test noted in the left shoulder and positive Kemp's test, straight leg raise test, and grinder test noted. The patient's current medication regimen is not provided. Patient is currently advised to return to modified work ASAP. MTUS/ACOEM guidelines, chapter 8, page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore,

page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8." ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical) states: "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. Cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy." In regard to the request for a purchase/rental of a cervical traction unit, the patient does not meet guideline criteria. Progress note dated 07/21/15 indicates that this patient has had some successful treatments with cervical traction to date, with a reduction in her neck and upper back symptoms noted. ODG indicates that there is some evidence of symptomatic relief from cervical traction in patients who present with grade 3 stenosis of the cervical spine. However, this patient's cervical MRI, dated 01/22/15 does not document any significant disc protrusion or central canal stenosis in the cervical spine, noting only multilevel disc desiccation and endplate degeneration. Additionally, progress note 07/21/15 does not clearly document that this patient's cervical spine pain radiates into the upper extremities, and neurological function is otherwise intact in the upper extremities. Therefore, the request IS NOT medically necessary.