

Case Number:	CM15-0207600		
Date Assigned:	10/26/2015	Date of Injury:	04/20/1994
Decision Date:	12/14/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/22/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic neck, shoulder, and back pain reportedly associated with an industrial injury of April 20, 1994. In a utilization review report dated October 20, 2015, the claims administrator failed to approve a request for a Saunders Home Traction Device while approving a request for Cymbalta and Motrin. The claims administrator referenced an October 1, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On October 1, 2015, the applicant reported ongoing complaints of neck and low back pain. The attending provider sought authorization for a traction device to ameliorate the applicant's back and neck pain complaints. 7/10 pain was reported. The applicant was on an H-wave device, a TENS unit, Tenormin, famotidine, Zestril, Mirapex, Lidoderm patches, Cymbalta, Neurontin, tizanidine, and Motrin, it was reported. The applicant had undergone earlier failed lumbar spine surgery, it was reported. Permanent work restrictions and multiple medications were renewed and/or continued, as was the Saunders Traction Device at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saunders Home Traction Unit, indefinite use, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Traction.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: No, the request for a Saunders Home Traction Device was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators here were the neck and low back. However, the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 notes that traction, i.e., the modality at issue, is deemed "not recommended" in the evaluation and management of the applicants with neck and upper back pain complaints, as were/are present here. In a similar vein, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308 also notes that traction is deemed "not recommended" in the evaluation and management of applicants with low back pain complaints as were/are present here. The attending provider failed to furnish a clear or compelling rationale for selection of this particular modality in the face of the unfavorable ACOEM positions on the same. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines notes that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, however, the attending provider's October 1, 2015 progress note seemingly suggested the applicant was already using two separate passive modalities, namely an H-wave device and a TENS device. Addition of a third passive modality, namely the traction device in question, thus, ran counter to the philosophy espoused on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to employ such modalities sparingly during the chronic pain phase of treatment. Therefore, the request is not medically necessary.