MAXIMUS Federal Services

Case Number:	CM15-0042485		
Date Assigned:	03/12/2015	Date of Injury:	08/03/2011
Decision Date:	04/22/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/06/2015

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 is a 52 year old female, who sustained an industrial injury on 8/3/11. The injured worker has complaints of lumbar spine pain with movements such as flexion and extension and rotation. The documentation on 2/9/15 noted that the injured worker had a prior diagnosis of chronic lumbosacral degeneration with radiculopathy. She has a history of radiating pain downwards into both of the lower extremities. Examination noted paraspinous tendernous with no central tenderness; decreased extension and flexion of lumbar spine and positive straight leg raise sign. The diagnoses have included chronic lumbosacral degeneration with radiculopathy. The documentation noted that she has physical therapy for her bilateral hips secondary to she has a prior diagnosis including bilateral hip labral tear and bursitis status post arhroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official disability guidelines Chapter 'Neck and Upper Back (Acute & Chronic)'and topic 'Traction (mechanical).

Decision rationale: The 52 year old patient complains of lower back pain radiating to bilateral lower extremities, as per progress report dated 02/09/15. The request is for CERVICAL TRACTION UNIT. There is no RFA for this case, and the patient's date of injury is 08/03/11. The patient has been diagnosed with chronic lumbosacral degeneration with radiculopathy, as per progress report dated 02/09/15. The patient has history of pain in the left hip area that covers both lateral thigh and groin areas, as per progress report dated 12/08/14. The patient is status post bilateral hip surgeries and IT band adjustment in 2013 and 2014, as per progress report dated 10/16/14. The patient is temporarily totally disabled, as per progress report dated 02/09/15. MTUS does not provide guidance on home traction devices, so ACOEM was referenced. ACOEM, chapter 8 and page 181, does not recommend traction for the cervical spine, due to a lack of evidence either in support or opposition of traction. ODG, Chapter 'Neck and Upper Back (Acute & Chronic)'and topic 'Traction (mechanical)' does provide evidenced based support of patient controlled home traction devices using a seated over-the-door device or a supine device for patients with radicular symptoms when used in conjunction with a home exercise program. In this case, none of the progress reports document pain or discomfort in the cervical spine. In fact, as per AME report dated 02/04/15, the patient's cervical range of motion is normal with no discomfort and no vertebral or paraspinal tenderness. The purpose of a cervical traction unit is not known. The reports lack relevant documentation required to make a determination. Hence, the request IS NOT medically necessary.