

Case Number:	CM15-0080742		
Date Assigned:	05/01/2015	Date of Injury:	04/26/1999
Decision Date:	06/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 73-year-old female, who sustained an industrial injury on April 26, 1999. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, unspecified idiopathic peripheral neuropathy, unspecified disorder of the bladder, long term/current use of other medications, and cervicgia. Treatment to date has included MRI, epidural steroid injection (ESI), and medication. Currently, the injured worker complains of severe pain in right shoulder and chronic back pain. The Treating Physician's report dated March 23, 2015, noted the injured worker reporting her pain level at 9-10/10. Physical examination was noted to show normal findings of the lumbar paravertebral muscles. The injured worker's current medications were listed as Norco, Cyclobenzaprine, and Celebrex. The injured worker received an injection of Lidocaine and Kenalog in the right shoulder joint. The treatment plan was noted to include requests for authorization for a urine drug screen (UDS), home therapy exercise kit for the shoulder, traction unit for the lumbar, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 146-147.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300.

Decision rationale: Pursuant to the ACOEM, one traction unit is not medically necessary. Traction is not recommended for treatment of acute, subacute or chronic low back pain or radicular pain syndromes. Traction has long been used to treat sciatica with the belief that this therapy produces negative in traditional pressures that result in improved rates of disk resorption. This has not been borne out in studies and unfortunately, more studies show a lack of efficacy than show efficacy. Traction is noninvasive, does not have adverse effects but is moderately costly. Traction is not recommended for treatment of any outcome. In this case, the injured worker's working diagnoses are degeneration lumbar or lumbosacral intervertebral disc; unspecified idiopathic peripheral neuropathy; unspecified disorder of bladder; long-term use of other medications; encounter for therapeutic drug monitoring; and cervicalgia. There is no clinical rationale in the medical record for the traction unit for treatment of low back pain. Traction is not recommended for treatment of acute, subacute or chronic low back. Consequently, absent guideline recommendations for lumbar traction unit, one traction unit is not medically necessary.