

Case Number:	CM14-0177119		
Date Assigned:	10/30/2014	Date of Injury:	10/19/2011
Decision Date:	12/16/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Washington DC and Virginia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old patient who sustained injury on Oct 19 2011. She had injury to her knees and lower back and was prescribed toradol by [REDACTED] on May 28 2013. On Jun 4 2013, per [REDACTED], there was concern for drug seeking behavior as there were no objective findings for chronic lower back pain. The patient had ongoing pain and lumbar tenderness she had been diagnosed with chronic lumbar myofascial pain secondary to lumbar degenerative disc disease. She received epidural injections and had slight improvement. The patient was then recommended for 12 sessions of lumbar traction in physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy - pelvic traction treatment, three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Powered Traction Devices

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 2, 49, 173, 181.

Decision rationale: Per ACOEM, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/ cold applications, massage, diathermy, cutaneous laser treatment, ultra-sound, transcutaneous

electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. Per guidelines cited, these would not be recommended and would not be medically indicated. Therefore, request for Physical therapy - pelvic traction treatment is not medically necessary.