

Case Number:	CM14-0058023		
Date Assigned:	07/11/2014	Date of Injury:	06/23/2003
Decision Date:	06/09/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/29/2014

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. 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: North Carolina

Certification(s)/Specialty: Family Practice

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 57-year-old female with an industrial injury dated 06/23/2003. His diagnoses included chronic neck pain/stiffness, bilateral shoulder pain and right arm pain; chronic mixed headaches, dyspepsia, medication/stress aggravated/depression/anxiety, insomnia and dyslipidemia. Prior treatments included physical therapy, psychiatric treatment and medications. She received evaluations and treatment by orthopedists, pain physicians, psychiatrists, neurosurgeon, internist and psychologist. She presents on 02/13/2014 reporting that traction therapy had helped to relieve the patient's neck pain and stiffness significantly in the past. The injured worker was still having headaches. Upper gastrointestinal tract symptoms were adequately controlled (per provider). She had also been seeing psychiatry for depression management. Physical exam noted the injured worker was "rather depressed". Mentation and coordination was grossly normal. The provider documents an over the door home traction unit should be beneficial in reducing neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Over The Door Home Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, traction.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on lumbar traction: Not recommended using power traction devices, but home based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence based conservative care to achieve functional restoration. As a sole treatment, traction has not proved effective for lasting relief in the treatment of low back pain. Per the ACOEM chapter on low back complaints: Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebralaxial decompression for treating low back injuries, it is not recommended. The requested service is not recommended per the ACOEM. In addition, the ODG only recommends the requested service as an adjunct to a program of evidence based conservative care. Besides medications, there is no other documented plan of conservative care being used as an adjunct to traction. Therefore, the request is not certified.