

Case Number:	CM13-0013930		
Date Assigned:	01/15/2014	Date of Injury:	09/09/2010
Decision Date:	03/24/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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 46-year-old male patient who reported an injury on 09/09/2010. The mechanism of injury was that the patient injured and twisted his low back, and the request is for a lumbar traction unit. On physical exam on 01/17/2014, the patient presented complaining of deep aching lumbar pain. The patient reportedly has had 9 visits of physical therapy to date. Lateral bending to the left and right was normal. Flexion goes to about 4 inches from the floor, and extension beyond 20 degrees increases his low back pain. The physical exam also indicated ongoing low back pain from a combination of disc pathology and facet issues. Medications included Norco, Naproxen, and Wellbutrin. Diagnoses were lumbar disc protrusion and facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) - Lumbar traction unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back

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

Decision rationale: The CA MTUS/ACOEM Guidelines state traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. The request for the lumbar traction unit is non-certified. The documentation provided for review did not indicate any significant functional deficits nor does it meet the CA MTUS/ACOEM Guidelines. As such, the request is non-certified.