

Case Number:	CM13-0036992		
Date Assigned:	12/13/2013	Date of Injury:	10/30/2007
Decision Date:	02/13/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine and Rehabilitation 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:

The patient is a 36-year-old male who reported a work-related injury on 10/30/2007 as the result of a fall. The patient presents for treatment of the following diagnoses: lumbar disc herniation. The clinical note dated 10/02/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents for treatment of headaches and low back pain. The patient reports increase in ambulation. The patient sustains shooting pains down the right lower extremity. The patient reports independent self-traction to the low back that seems to improve his low back pain. Upon physical exam of the patient, anti-flexion of the trunk on the pelvis allows for 45 degrees of flexion, extension 10 degrees, rotation to the left at 20 degrees, to the right at 20 degrees, lateral flexion to the left 10 degrees, right to 10 degrees. There was paralumbar tenderness from L1 to L5-S1 with slight spasms noted. The provider documented the patient was to continue Norco 10/325, Lidoderm pain patches, and the request for home lumbar traction was rendered.

IMR ISSUES, DECISIONS AND RATIONALES

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

home lumbar traction unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-300.

Decision rationale: The California MTUS indicates, "there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction and is only recommended as part of a full functional restoration program." Given the lack of Guideline support for the requested intervention as well as proven efficacy of treatment for patients with chronic lumbar spine pain, the request for home lumbar traction unit is neither medically necessary nor appropriate.