

Case Number:	CM13-0038222		
Date Assigned:	12/18/2013	Date of Injury:	07/10/1995
Decision Date:	02/19/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational Medicine 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 claimant is a 54 year old male with a date of injury of 7/10/1995. Accepted body part for his injury claim is low back. Per the Progress note dated 9/18/2013, the claimant does not have any change in the location of his pain, and pain level varies in intensity based on activity, but there are no new reports of new quality of pain and with no reports of flare ups. The average pain level is 5/10 with medications allowing for improved function and mood, 8/10 without medications with decreased function, mood and impaired ability to sleep. Current medications are: 1) Percocet 5/325 mg tablet, take 1 tab four times daily as needed 2) Gabapentin 300 mg capsule 1 tab three times daily 3) Soma 350 mg tablet, take 1 tab twice daily 4) MS Contin 15 mg tablet, take 1 tab twice daily. On exam the claimant is noted to have a limping gait. Paravertebral muscle spasm and tenderness is noted bilaterally. Spinous process tenderness is noted on L5 and S1. Both heel and toe walk are normal. Lumbar facet loading is positive on both sides. Stretch of the piriformis was negative, straight leg raising test is negative and the FABER test is negative. All lower extremity reflexes are equal and symmetric. Manual muscle testing is 4/5 with knee extension. Hip flexion is 5/5. Also, there is decreased sensation on the left L4 dermatome. Diagnoses include 1) lumbar or lumbosacral disc degeneration 2) lumbago 3) neuralgia 4) neuritis 5) radiculitis NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): s 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 49; 300.

Decision rationale: A home traction unit is being requested because physical therapy reported that the use of traction has been extremely beneficial in controlling the claimant's pain. The requesting provider states that the claimant would likely benefit from a unit for the home to control his pain and become less reliant on pain medications. The use of a traction is not recommended by the ACOEM practice guidelines. According to ACOEM, "raction 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." Therefore, the request for home traction is determined to not be medically necessary.

Soma: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants section Page(s): s 63, 65.

Decision rationale: The claimant is chronically injured, with date of injury over 18 years ago. Clinical notes indicate that he has not had any flare ups of his back pain. Using Soma for more than 2 to 3 weeks is not supported by these guidelines, and the use of muscle relaxants in general is recommended only for short periods after a new injury or exacerbation of an existing injury. The request for Soma is determined to not be medically necessary.