

Case Number:	CM13-0041993		
Date Assigned:	12/20/2013	Date of Injury:	10/13/2009
Decision Date:	02/20/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain 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 patient is a 59 year old male worker with date of injury of 10/13/09 with low back pain. An MRI of the lumbar spine dated 10/18/12 showed a 3-4 mm L5-S1 right greater than left posterolateral disc protrusion with a mild right lateral recess stenosis. There is also a 2 mm L4-L5 disc bulge with mild left and mild to moderate right facet arthropath/ligamentum flavum thickening without impingement. In addition, there was a 2 mm L3-L4 posterior disc bulge with mild bilateral facet arthropathy with no impingement. There was also a 2.5 to 3 mm L2-L3 left greater than right posterolateral disc bulge with moderate disc height reduction without lateral recess or foraminal narrowing. An electromyogram (EMG) dated 10/30/12 showed no sign of radiculopathy. The injured worker's condition is consistent with a chronic lumbosacral musculoligamentous strain/sprain. The injured worker has been treated with physical therapy and medications. The date of the UR decision was 10/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

inversion traction unit for the home: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines 2012, Lumbar Chapter-Traction.

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

Decision rationale: Regarding the use of traction for low back pain, ACOEM states "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." In addition, ankle pathology (the injured worker has received physical therapy for an ankle condition) is also a relative contraindication to inversion traction. The MTUS does not recommend the traction unit, thus the request is deemed not medically necessary.