

Case Number:	CM13-0046060		
Date Assigned:	12/27/2013	Date of Injury:	01/30/2009
Decision Date:	03/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Texas. 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 55-year-old male who reported an injury on 01/30/2009 due to a slip and fall. The patient was conservatively treated with physical therapy that included mechanical traction. The patient's most recent clinical evaluation documented that the patient had increasing low back pain that was responsive to 3 sessions of physical therapy that included mechanical traction. The objective findings included tenderness along the paraspinal musculature with distal guarding, an increase in axial back pain with lumbar extension, and an increase in low back pain with lumbar flexion. The patient's diagnoses included lumbosacral strain/sprain with facet osteoarthritis. The patient's treatment plan included continuation of medications and authorization for a home lumbar traction unit

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

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

Decision rationale: The requested Home lumbar traction unit is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has utilized a traction unit during physical therapy. However, the American College of Occupational and Environmental Medicine 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." The clinical documentation submitted for review does not provide any evidence to support the need to extend treatment beyond Guideline recommendations. Although the clinical documentation does indicate that the patient does have some benefit from prior traction use during skilled supervised therapy, there is no documentation to support the need to extend that treatment into an independent unsupervised program. Additionally, there are no objective quantitative measures of relief of symptoms during skilled supervised physical therapy. As such, the requested Home lumbar traction unit is not medically necessary or appropriate.