

Case Number:	CM13-0047336		
Date Assigned:	04/25/2014	Date of Injury:	05/19/2010
Decision Date:	06/10/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 expert 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 19 year old male with a date of work injury 6/27/12. The diagnoses includes degenerative disc disease of the lumbosacral spine with associated facet arthropathy at L3-4, L4-5, and L5-S1, cervical spine strain, right lateral epicondylitis, gastritis. There is a request for the medical necessary of a lumbar home traction unit. There is a 2/26/14 orthopedic evaluation that states that the patient has constant moderate-severe, severe pain of his lumbosacral spine. The pain has aggravated by twisting, turning, and bending activities. He feels he is getting worse. He does have radiation of pain down the posterolateral aspect of his right lower extremity in to his foot and notes weakness and numbness of his right foot compared to the left. He has some radiation of pain on the left, but to a lesser degree. On examination there is spinous process tenderness particularly at L3-4 and L5-S1 and to a lesser degree L4-5. There is pain to palpation over the facet joints at L4-5 bilaterally. There is moderate paraspinal muscle guarding and tenderness. There is moderate guarding of movement. There is moderate right sciatic notch tenderness and slight left sciatic notch tenderness. The range of motion in flexion is 60 degrees, extension 10 degrees with markedly increased pain, left lateral side bending 15 degrees, right lateral side bending 15 degrees. Neurological examination of the lower extremities revealed hypoesthesia of the dorsum of the right foot of a generalized nature involving medial, mid, and lateral dorsum as well as the anterolateral aspect of the right leg. There is weakness of the right great toe extensor and the right anterior tibialis. There is no quadriceps weakness that can be attributed to the lumbosacral spine as he does have pain in his knee with attempted test. There is weakness of the right great toe extensor and the right anterior tibialis. There is no quadriceps weakness that can be attributed to the lumbosacral spine as he does have pain in his knee with attempted test. The reflexes are 2+ in the knees and 1+ in both ankles. The sciatic stretch test is

positive on the right. MRI of the lumbar spine done on 01/03/2014 reveals 1. 1-mm midline disc bulge at L4-L5. 2. There is no disc protrusion or central canal narrowing, 3. There is minimal facet arthropathy at L4-L5. EMG/NCV of the bilateral lower extremities taken on 12/23/2013 reveals a normal electrodiagnostic study of both lower limbs. There is a 1/30/14 authorization for lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR HOME 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, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Lumbar home traction unit is not medically necessary per the MTUS and ODG guidelines. The MTUS guidelines, ACOEM, state that traction is not recommended as it has not been proved effective for lasting relief in treating low back pain. The ODG guidelines do not recommend using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. The documentation submitted reveals that the patient is to undergo lumbar surgery because conservative care did not help him. Additionally, there is no documentation of an adjunct treatment plan with use of a home traction device. Given these findings and the fact that the MTUS guidelines recommend against lumbar home traction, the lumbar home traction unit is not medically necessary.