

Case Number:	CM13-0055661		
Date Assigned:	12/30/2013	Date of Injury:	11/08/2010
Decision Date:	05/02/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 & 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 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 injured worker is a 38-year-old female who reported injury on 11/08/2010. The mechanism of injury was the injured worker was standing on stairs cleaning 2 windows and took a step to the left not realizing it was close to the stairs and the injured worker fell backwards down the stairs and landed at the bottom of the stairs. Diagnoses included myalgia. The injured worker was treated with chiropractic care and physical therapy. There was a lack of documentation of an objective physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR SPINE TRACTION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Acute& Chronic), Traction

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: ACOEM Guidelines indicate that traction has not been proven effective for the lasting relief in treating low back pain. There is insufficient evidence to support using vertebral axial decompression for treating low back injuries. It is not recommended. There was a

lack of documentation including a DWC Form RFA or a PR2 with an objective physical examination to support the necessity for the traction unit. Additionally, the request as submitted failed to indicate the duration of care for the request. There was a lack of documentation indicating whether the request was for purchase or rental. Given the above, the request for 1 lumbar spine traction unit is not medically necessary.