

Case Number:	CM13-0060136		
Date Assigned:	12/30/2013	Date of Injury:	12/18/1992
Decision Date:	05/16/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/03/2013

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 Sports Medicine 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 50-year-old female who reported an injury on 12/18/1992; the mode of injury was noted to be a fall at work. The injured worker was seen on 09/04/2013 for a follow-up for increased lower back pain. The injured worker noted that the pain was constant and moderate and radiated to the hip region bilaterally. The injured worker also related an episode of pain radiating to the back of her left knee. On objective physical exam, the physician noted that palpation revealed moderate muscle spasms and hypersensitivity in the lumbosacral and sacroiliac regions into the buttocks bilaterally. The physician observed an altered gait, positive orthopedic tests, such as Kemp's, and straight leg raise bilaterally at 40 degrees. The injured worker had diagnoses of disc protrusion, lumbar spine; lumbar plexus syndrome; sciatica, radiating to the left hip; and leg pain. In regards to work status, it was noted on this office note that the injured worker was to return to full duty on 09/04/2013. The patient has attended chiropractic visits for flare-ups that seem to have helped with range of motion and pain control for the patient. Treatment plan has been for myofascial release, intersegmental traction, electrical muscle stimulation, and ultrasound, massage, rehab exercise, ice/heat therapy, and adjustment. The request was for a [REDACTED] Lumbar Home Traction Unit, 10/24/2013. The rationale was that the home unit will potentially decrease the need for seeking chiropractic manipulation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PURCHASE OF [REDACTED] LUMBAR HOME TRACTION UNIT: Upheld

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

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

Decision rationale: The California MTUS/ACOEM do note that for back complaints, traction has not been proven to be 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 documentation provided for review did show that the injured worker had increased low back pain times 1 week. There was a lack of information provided detailing prior conservative care that had been attempted to address her recent increase in pain. Traction has not been proven effective for lasting relief in low back pain per the guidelines; and therefore, the request for the purchase of a [REDACTED] lumbar home traction unit is non-certified.