

Case Number:	CM13-0060909		
Date Assigned:	12/30/2013	Date of Injury:	03/08/2011
Decision Date:	05/12/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/02/2013

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, 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:

This is a 59-year-old female with a date of injury 03/08/2011 and the mechanism of injury occurred due to cumulative trauma involving the cervical spine, lumbar spine, left shoulder, right knee, and right ankle. An official MRI of the lumbar spine 04/10/2013 revealed at L3-4 a 3 mm disc protrusion with abutment of the left L3 nerve root; at L4-5, there was a 3 mm disc protrusion with abutment of the right L5 nerve root. When seen on 08/28/2013, the injured worker complained of low back pain radiating to the buttocks and posterior thighs down to the knees with associated numbness and tingling. There was also neck pain radiating to the bilateral shoulders, elbows, and hands with associated numbness and tingling. Physical exam revealed lumbar facet pain, which the injured worker rated 7/10. There was positive straight leg raise test as well as a positive Kemp's test. There was facet tenderness from L3 to L5. Sensation was intact except over the right L5 and left L3 dermatomes. Muscle testing was graded at 5/5 except for the right big toe extensor (L5), left knee extensors (L4), and left hip flexors (L2, L3). Treating physician also noted that there was pain in the L5 distribution on the right and L3 distribution on the left. Other treatment has included physical therapy, chiropractic care, medications, rest, and home exercise program. There were recommendations also to include epidural steroid injections and a traction unit. On 08/28/2013, a request for authorization was received with a comprehension pain management consultation report. Diagnoses were lumbar disc disease, lumbar radiculopathy, lumbar facet arthropathy, right knee sprain/strain, and right ankle sprain/strain. On examination of the lumbar spine, there was diffuse tenderness noted over the lumbar paravertebral musculature. There was moderate facet tenderness noted over the L3-5 levels. There was a request for authorization on 08/28/2013 with handwritten clinical.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME TRACTION UNIT (LUMBAR): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Traction for the low back, (Powered traction devices; Vertebral axial decompression (VAX-D); & Orthotrac Vest.

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

Decision rationale: The CA MTUS/ACOEM Guidelines indicate effectiveness from traction has not been proven for lasting relief in treating low back pain. The request for the lumbar home traction unit is non-certified. The injured worker reportedly had ongoing pain and has failed conservative treatment. However, the guidelines indicate that the effectiveness from traction has not been proven as effective for treating low back pain. Given that the guidelines do not support the use of traction and indicate as ineffective as well as having had a course of past conservative treatment, the request of Home Traction Unit for lumbar spine is not medically necessary and appropriate.