

Case Number:	CM14-0009711		
Date Assigned:	02/21/2014	Date of Injury:	07/28/2003
Decision Date:	07/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine and is licensed to practice in California. 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 47-year-old male with a 7/28/03 date of injury. The exact mechanism of injury has not been described. On 1/6/14, the patient notes that he spent time in [REDACTED] recently and due to the warmer climate, he has had significant improvement in his back pain. He has had significant improvement from the home traction unit with significant relief of his lumbar radicular pain, both in physical therapy and his own form of lumbar traction (hanging from a tree). Objective: decreased lumbar ROM, with tenderness to palpation and 5/5 strength in bilateral lower extremities. Diagnostic Impression: Post-laminectomy Syndrome, Lumbar Radiculopathy, s/p L4 through S1 laminectomy in June of 2013. Treatment to date: physical therapy, activity modification. A UR decision dated 1/13/14 denied the request for a home traction unit for the lumbar spine because no physical therapy progress reports were provided for review. The use of traction has not been proven to be effective for low back pain. Objective findings do not show any exam findings of lumbar radiculopathy to support the necessity of traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF HOME TRACTION UNIT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-801.

Decision rationale: CA MTUS states that 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. ODG does 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. However, there is no clear description of which type of traction machine is being requested, i.e. either power traction or gravity-controlled. This patient is noted to have significant improvement from the use of traction during physical therapy and home-based traction. However, this request cannot be substantiated since the type of machine being requested is not indicated. Therefore, the request for Purchase of Home Traction Unit for the Lumbar Spine was not medically necessary.