

Case Number:	CM14-0100239		
Date Assigned:	07/30/2014	Date of Injury:	05/28/2013
Decision Date:	10/06/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 57 year old male whose date of injury is 05/28/2013 due to repetitive work duties. Lumbar MRI dated 12/30/13 revealed mild facet arthropathy. At L4-5 there is a 2 mm left foraminal disc protrusion resulting in mild narrowing of the left neural foramina with no neural abutment. Panel qualified medical re-evaluation dated 03/28/14 indicates that the injured worker underwent approximately 8 acupuncture visits which he states were helpful. Diagnoses are cervical radiculitis syndrome, thoracic spine syndrome, lumbosacral sciatic syndrome, left knee sprain and left foot sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar 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 - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Traction

Decision rationale: Based on the clinical information provided, the request for lumbar traction unit is not recommended as medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The Official Disability Guidelines report that 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. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. There is no indication that the unit will be used as an adjunct to a program of evidence-based conservative care.