

Case Number:	CM14-0101187		
Date Assigned:	07/30/2014	Date of Injury:	03/24/2006
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/01/2014

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 Orthopedic Surgery 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:

The claimant is a 36-year-old gentleman injured in a work-related accident on March 24, 2006. The medical records available for review document an injury to the low back and provide a diagnosis of low back pain with radiculopathy. A May 21, 2014, progress report describes low back complaints with radiating right hip and left leg symptoms. Physical examination showed positive bilateral straight leg raising at 90 degrees with no documentation of focal motor sensory or reflexive change to the lower extremities. Current treatment has included a course of lumbar traction. No imaging studies relative to the low back are available for review. This request is for three additional months of home traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued usage of a lumbar traction x 3 months trial (rental or purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back.

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

Decision rationale: California MTUS ACOEM Guidelines do not support continued use of lumbar traction. According to the ACOEM Guidelines, there is insufficient medical evidence to

demonstrate the effectiveness of traction in providing lasting relief for chronic low back or radicular-related complaints. Therefore, this request is not medically necessary.