

Case Number:	CM14-0102420		
Date Assigned:	07/30/2014	Date of Injury:	11/26/2013
Decision Date:	09/15/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/02/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 41-year-old gentleman was reportedly injured on November 26, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated August 6, 2014, indicates that there are ongoing complaints of low back pain with numbness and tingling in the right lower extremity. The physical examination demonstrated increased lordosis of the cervical spine and decreased lumbar spine range of motion. There was diminished patellar reflex and decreased lower extremity muscle strength. Diagnostic nerve conduction studies revealed a right-sided L5 and S1 radiculopathy and a left sided L4 and L5 radiculopathy. Previous treatment includes a home exercise program and massage therapy. A request had been made for a traction unit and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back, Traction.

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 - Lumbar and Thoracic, Traction, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines power traction devices are not recommended for home use of a home-based gravity traction device may be an option for noninvasive conservative care if used as an adjunct to a program of evidence-based care to achieve functional restoration. Without further clarification regarding the type of home traction, this request is not medically necessary.