

Case Number:	CM14-0102580		
Date Assigned:	07/30/2014	Date of Injury:	01/23/1997
Decision Date:	10/02/2014	UR Denial Date:	06/04/2014
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 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:

The injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of June 23, 1997. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and epidural steroid injection therapy; and reported return to the regular duty work. In a utilization review report dated June 4, 2014, the claims administrator denied a request a lumbar traction device. The claims administrator based its denial on an unfavorable guideline recommendation. The injured worker's attorney subsequently appealed. In June 4, 2014 progress note, the injured worker reported persistent complaints of 6 to 7/10 low back pain radiating to the left leg. The injured worker was working full time and was status post epidural steroid injection therapy, it was stated. A home traction unit and/or further epidural steroid injection therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Lumbar Traction: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300; Table 12-8, page 308..

Decision rationale: According to the ACOEM Guidelines, traction, the modality at issue here, is not recommended. While some variance from the guidelines could have been supported if there was evidence that the injured worker had previously completed a successful one-month trial of the traction device at issue, in this case, however, the request for authorization was initiated as a purchase, without evidence of a previously successful trial of the same. For all of the stated reasons, the request is not medically necessary.