

Case Number:	CM14-0108832		
Date Assigned:	08/01/2014	Date of Injury:	08/12/2012
Decision Date:	09/18/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/14/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 60 years old male with an injury date on 08/12/2012. Based on the 05/29/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar radiculopathy secondary to disc herniation at the L5-S1 level. 2. Cervical radiculopathy. According to this report, the patient complains of lower back pain that radiates into the right leg and neck pain that radiates into the right hand. Weakness and numbness sensation of the right upper and lower extremities are noted. Decreased sensation to pinprick, light touch and two point discrimination was noted in the first, second fingers and medial aspect of the right foot. Straight leg raise test was positive with moderate spasm in the lumbosacral musculature area. There were no other significant findings noted on this report. The utilization review denied the request on 06/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/17/2014 to 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of lumbar traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the 05/29/2014 report by [REDACTED] this patient presents with lower back pain that radiates into the right leg and neck pain that radiates into the right hand. The treating physician is requesting purchase of lumbar traction but the treating physician's report containing the request is not included in the file. Regarding traction, MTUS guidelines state "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." Furthermore, ODG states "The evidence suggests that any form of traction is probably not effective." In this case, the requested lumbar traction purchase does not appear to be in accordance with the guidelines. The request is not medically necessary.