

Case Number:	CM14-0017105		
Date Assigned:	04/14/2014	Date of Injury:	02/02/2011
Decision Date:	05/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/11/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 50-year-old male who reported an injury on 02/02/2011. The mechanism of injury was not stated. Current diagnoses include lumbar disc protrusion, lumbar muscle spasm, lumbar pain, lumbar radiculopathy, and lumbar sprain. The injured worker was evaluated on 11/25/2013. The injured worker reported constant, dull, achy, sharp low back pain with stiffness and activity limitation. Physical examination revealed decreased and painful lumbar range of motion, 3+ tenderness to palpation of the lumbar paravertebral muscles, muscle spasm, and positive Kemp's testing. Treatment recommendations at that time included a lumbar spine home traction unit to increase range of motion and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRACTION (PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Low Back Chapter.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state traction has not been proven 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. Official Disability Guidelines do not recommend using powered traction devices, 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. Therefore, the current request cannot be determined as medically appropriate. As such, the request for Lumbar Traction (purchase) is not medically necessary.