

Case Number:	CM14-0019104		
Date Assigned:	04/23/2014	Date of Injury:	12/08/2009
Decision Date:	07/03/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 patient is a 48-year-old who was injured on December 8, 2009. The patient was lifting a box that caused back pain. Prior treatment history has included several sessions of acupuncture. Epidural steroid injections, and selective nerve block as well as facet injection. The patient underwent a L5-S1 posterior spinal fusion date February 14, 2013. Diagnostic studies reviewed include electrodiagnostic evaluation demonstrates abnormal EMG (electromyogram) left chronic L5 denervation (clinically-radiculopathy) by electrodiagnostic criteria. There is no other evidence of active lumbar radiculopathy noted in the bilateral lower extremity. MRI of the lumbosacral spine dated May 21, 2013 shows status post fusion of L5-S1 with discectomy. There is no evidence of spondylolisthesis is seen. There is a suggestion of facet arthropathy at this level. PR2 dated January 27, 2014 indicates the patient complains of continuous low back pain. The pain increases with walking and extension. Objective findings on exam revealed decreased range of motion. There is pain with all range of motion. She has increased tenderness to palpation at L5-S1. The lumbar spine is positive for spasm and tenderness, positive for facet tenderness at L5-S1 and increased pain with extension. The patient is diagnosed with piriformis syndrome, status post lumbar L5-S1 ALIF/PLIF, chiropractic treatment twice a week for 6 weeks, physical therapy once a week for 6 weeks and home traction unit were recommended. Chiropractic note dated December 23, 2013 states there is concern about persistent leg pain despite HNP fusion surgery and recommended home lumbosacral mechanic unit. Also, the patient is noted to have good response to home mechanical traction. Chiropractic note dated December 2, 2013 notes recommendation of the patient notes 60% of overall improvement. She is very encouraged with the results and the recommendation is for another course of chiropractic treatment to build upon her progress.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME TRACTION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Traction.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, traction is not recommended. According to the ODG, traction is not recommended 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. This appears to be a request for a mechanical traction device rather than gravity traction. Further, while there is documentation of a good response to traction in physical therapy, the patient is also noted to have failed physical therapy and chiropractic care. Benefits have not been sustained as she continues to have significant pain and dysfunction. The request for a home traction unit is not medically necessary or appropriate.