

Case Number:	CM14-0111180		
Date Assigned:	09/16/2014	Date of Injury:	12/12/2012
Decision Date:	10/07/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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 Orthopedic Surgery, and is licensed to practice in New York. 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 has chronic back pain. Treatment includes 15 physical therapy sessions, acupuncture, and medications. Lumbar physical examination shows tenderness to palpation of the lower back with spasms. He is decreased range of motion. There is decreased sensation in the right L5 dermatome. Lumbar MRI does not demonstrate any significant neurologic compression. Patient still has pain after physical therapy, chiropractic and acupuncture sessions. Patient is diagnosed with unspecified thoracic and lumbar radiculitis. At issue is whether traction is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME home traction unit purchase: 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): 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 chapter

Decision rationale: This patient does not meet establish criteria for home traction. Specifically there is no documentation of compression of a neurologic nerve root on imaging studies. In addition the physical examination does clear neurologic deficit that correlates with compression

of the nerve root on imaging studies. The patient's MRI imaging study does not demonstrate significant neurologic compression. Since the patient has not had significant neurologic compression traction is not indicated. In addition there is no documentation in the medical records that the patient has had success with previous use of traction and physical therapy. Criteria for lumbar traction is not met.