

Case Number:	CM14-0152695		
Date Assigned:	09/22/2014	Date of Injury:	07/10/2009
Decision Date:	10/22/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/18/2014

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 46 year-old with a date of injury of 07/10/09. A progress report associated with the request for services, dated 08/04/14, identified subjective complaints of low back pain into the left leg. Objective findings were highly abbreviated and difficult to read (handwritten). There appeared to be decreased range of motion of the lumbar spine. Diagnoses included (paraphrased) lumbar and cervical disc disease with radiculitis. Prior treatment was not documented. A Utilization Review determination was rendered on 08/14/14 recommending non-certification of "Lumbar Spine Home Traction Unit and lumbar sacral orthosis (LSO)".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Home Traction Unit: 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) Low back, Traction

Decision rationale: The California Medical Treatment Utilization Schedule ACOEM section states: "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." The Official Disability Guidelines (ODG) state: "The evidence suggests that any form of traction may not be effective." Therefore, this request is not medically necessary.

lumbar sacral orthosis (LSO): 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): 301.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is beyond the acute phase of their illness. Therefore, this request is not medically necessary