

Case Number:	CM14-0159185		
Date Assigned:	10/02/2014	Date of Injury:	02/16/2012
Decision Date:	11/03/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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:

This is a 51-year-old female with a 2/16/12 date of injury, when she tripped over a rod and sustained injuries to the hands and knees. The patient was seen on 7/24/14 with complaints of bilateral shoulder pain, bilateral knee pain, and bilateral wrist pain and mid and lower back pain radiating into the hips. Exam findings of the lumbar spine revealed tenderness to palpation with hyper-tonicity over the bilateral paravertebral musculature and tenderness over the lumbosacral junction. The straight leg raising test elicited increased low back pain with a radicular component. The lumbar flexion was 44 degrees, extension was 15 degrees, right side bending was 14 degrees and left side bending was 16 degrees. The diagnosis is bilateral shoulder tendonitis, lumbar sprain/strain, bilateral knee sprain /strain and wrist sprain. Treatment to date: work restrictions, PT, medications. An adverse determination was received on 9/17/14 and was modified to a 30-day patient controlled gravity home lumbar traction unit trial to assess efficacy and functional benefit with use prior to consideration of purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patient-controlled gravity home lumbar traction unit trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Traction

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter) Traction

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states that 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. In addition, the ODG states that it 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. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues. The UR decision dated 9/17/14 modified the request to a 30-day patient controlled gravity home lumbar traction trial. However, it is not clear if the patient was using a traction trial and there is a lack of documentation indication subjective and objective functional gains from a prior use. There is a lack of rationale with regards to the adjunct conservative care treatment with a lumbar traction unit and there is no discussion with clearly specified goals of a treatment with a lumbar traction unit to achieve functional restoration. Therefore, the request for patient-controlled gravity home lumbar traction unit trial was not medically necessary.