

Case Number:	CM14-0159408		
Date Assigned:	10/03/2014	Date of Injury:	02/12/2014
Decision Date:	11/19/2014	UR Denial Date:	08/28/2014
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 Physical Medicine & Rehabilitation, 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 injured worker is a 60-year-old male who reported an injury on 02/12/2014. The mechanism of injury was not provided. Diagnoses included lumbar radiculopathy. Past treatments were not provided. Diagnostic studies were not provided. Surgical history was not provided. The clinical note dated 05/15/2014 indicated the injured worker complained of low back pain radiating to the right lower extremity. The physical examination revealed decreased range of motion of the lumbar spine, tenderness to palpation at the L3-5 paraspinal muscles, right sacroiliac joint tenderness, and positive right straight leg raise. Current medications were not provided. The treatment plan included the DME purchase of a lumbar traction unit. The rationale for the treatment plan was not provided. The Request for Authorization form was completed on 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Lumbar Traction Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for DME lumbar traction unit is not medically necessary. The California MTUS/ACOEM Guidelines indicate 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. The clinical note dated 05/15/2014 is largely illegible, but does indicate that the injured worker complained of low back pain radiating to the right lower extremity. The rationale for the treatment plan was not provided, including any documentation of the efficacy of prior lumbar traction. Because the guidelines specifically state that traction is not recommended, the request cannot be supported at this time. Therefore, the request for DME lumbar traction unit is not medically necessary.