

Case Number:	CM14-0166442		
Date Assigned:	10/13/2014	Date of Injury:	07/08/2013
Decision Date:	11/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of acupuncture; and apparent return to part-time work. In a Utilization Review Report dated September 9, 2014, the claims administrator denied a request for home traction device. The claims administrator incorrectly reported that ACOEM did not address the request. Both ACOEM and non-MTUS ODG Guidelines were invoked. The applicant's attorney subsequently appealed. In an August 14, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the right leg, moderate, 6-7/10, authorization was sought for a home traction device given the applicant's positive response to a trial of the same. The applicant was apparently working at a rate of four hours a day with a 10-pound lifting limitation in place, it was acknowledged. In an earlier note dated July 9, 2014, the applicant was described as using Tylenol and Motrin for pain relief. The applicant did have issues with stress and anxiety present. The applicant was again working at a rate of four hours a day, it was noted. It was stated that the applicant would like to employ mechanical traction on a home basis, given the reportedly favorable response to the same. Earlier notes throughout 2013 and 2014 suggested that the applicant was working at a rate of six hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Lumbar 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): Table 12-8, 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, traction, the modality at issue, is deemed "not recommended." In this case, the applicant has already apparently received traction on a trial basis, despite the unfavorable ACOEM position on the same. The applicant has, however, seemingly failed to demonstrate a favorable response to the same. The applicant's work status was seemingly trending unfavorably. The applicant was, at one point, working at a rate of six hours a day. Following introduction of traction, however, the applicant's work status became even more limited and even more constrained. The applicant was limited to working at a rate of four hours a day following introduction of traction, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite introduction of traction. Therefore, the request is not medically necessary.