

Case Number:	CM14-0172367		
Date Assigned:	10/23/2014	Date of Injury:	02/12/2014
Decision Date:	11/21/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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, has a subspecialty in Nephrology 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 60-year-old male with a 2/12/14 date of injury, when he slipped and fell injuring his neck, right shoulder and lower back. The lumbar MRI dated 3/25/14 (the radiology report was not available for the review) indicated multilevel degenerative disc disease at L2-L5 with neuroforaminal narrowing. The patient was seen on 6/23/14 with complaints of neck pain, bilateral elbow pain and right shoulder pain. The note stated that the patient received a Toradol injection on his last visit and that he was started on Norco, Naprosyn and Flexeril and that lumbar spine radiographs were unremarkable. Exam findings revealed restricted range of motion in the cervical region and tenderness to palpation along the lateral epicondyle. The diagnosis is lumbar intervertebral disc disorder, lumbar radiculopathy and lumbar herniated disc. Treatment to date: PT, acupuncture, work restrictions, Toradol injections, medications and muscle relaxants. An adverse determination was received on 10/6/14 given that lumbar traction devices were not recommended due to guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Traction Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Integrated Treatment/Disability Duration Guidelines; Low back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 298-301.

Decision rationale: The latest progress report dated 6/23/14 did not reveal any subjective or objective complaints to the lumbar spine and there is a lack of rationale with clearly specified goals from a treatment with lumbar traction unit. In addition, CA MTUS states that 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. Therefore, the request for lumbar traction unit was not medically necessary.