

Case Number:	CM14-0029239		
Date Assigned:	06/16/2014	Date of Injury:	06/23/2007
Decision Date:	07/23/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/07/2014

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 and 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:

This 50 year-old male Project Manager sustained an injury on 6/23/07 while employed by [REDACTED]. Request(s) under consideration include home lumbar traction unit (tilt or inversion table type). MRI report of 3/15/13 showed multilevel diffuse degenerative vertebral change and disc disease with mild central and neural foraminal stenosis and associated mild facet arthropathy. Report of 2/12/14 from the provider note the patient underwent lumbar medial branch blocks on 1/16/14 provided good relief on the left, but not on the right with pain rated at 2-6/10. The patient denied any numbness or tingling. Exam showed positive straight leg raise tests reproducing pain in the back and gluteal area bilaterally; no motor or sensory impairment or reflex abnormality in either lower extremities. Diagnoses included Lumbar spondylosis/ facet arthralgia/ radiculopathic complaints. The treatment included a home traction tilt table, PT for lumbar traction, medications, and injection options. A report of 6/13/14 from the provider noted unchanged subjective complaints with essentially identical exam with treatment plan for lumbar epidural steroid injection at L5-S1 as the patient has not responded to therapies, facet blocks, NSAIDs and modified activities/rest. Request for home lumbar traction unit (tilt or inversion table type) was non-certified on 2/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME LUMBAR TRACTION UNIT (TILT OR INVERSION TABLE TYPE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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, page 496.

Decision rationale: Per ACOEM Treatment Guidelines for the Low Back, 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. Per ODG, low back condition 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. Submitted reports have not demonstrated the indication or medical necessity for this pelvic traction table that has already been partially-certified for a home-based patient controlled gravity unit. The home lumbar traction unit (tilt or inversion table type) is not medically necessary and appropriate.