

Case Number:	CM14-0033498		
Date Assigned:	06/20/2014	Date of Injury:	10/14/2013
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/17/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 45-year-old male who was reportedly injured on October 14, 2013. The mechanism of injury was noted as a repetitive trauma wearing a gun belt and protective gear working as a police officer. The most recent progress note dated April 29, 2014, indicated that there were ongoing complaints of low back, left buttock and left lower extremity pain. The physical examination demonstrated a 6 foot, 190 pound individual in no acute distress. A decrease in lumbar spine range of motion was noted. There was some weakness noted in the left hip flexors. Diagnostic imaging studies objectified a left lateral disc extrusion with L1 nerve root impingement. Also noted was a foraminal stenosis at L4-L5. Reported electrodiagnostic testing did not identify a radiculopathy but noted a distal peripheral neuropathy. Previous treatment included physical therapy and light duty restrictions. A request was made for a home traction unit and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Traction Unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC Low Back Procedure Summary last updated 02/13/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: As noted in the guidelines, traction is not recommended for the treatment of acute, subacute or chronic low back pain. There was no quality clinical evidence to demonstrate the efficacy or utility of such an intervention. Furthermore, when noting that there is a disc lesion at L1 and a stenosis at L4, there was little to suggest any noted efficacy or utility with such an intervention. Therefore, based on the reported mechanism of injury, noting the finding a physical examination and by the parameters outlined in the guidelines, request for Home Traction Unit for purchase is not medically necessary.