

Case Number:	CM14-0034086		
Date Assigned:	06/20/2014	Date of Injury:	07/11/2012
Decision Date:	07/24/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/18/2014

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 Nevada. 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 49-year-old male injured on 7/11/2012. The mechanism of injury is noted as a work related slip and fall. The most recent progress note, dated 4/23/2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated straight leg raise positive on the right 60, and sensation is decreased on the right L5/S1. Strength is intact. Lumbar range of motion flexion 45, extension 20, right lateral 25, left lateral 25. Electrodiagnostic imaging studies include electromyography (EMG)/ NCV (nerve conduction velocity) dated 5/20/2014, which revealed a normal study of upper extremities, mild acute L5 radiculopathy on the right. Previous treatment includes the medication Tramadol and epidural steroid injections. A request had been made for Saunders Lumbar Traction Unit and was not certified in the pre-authorization process on 3/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saunders Lumbar Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation web based edition, http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

Decision rationale: The ACOEM guidelines do not support the use of traction for treatment of low back pain, sciatica, or cervical spine pain. Conclusion of evidence-based studies have indicated that neither continuous nor intermittent traction was more effective in improving pain, disability, or work absence than placebo, sham, or other treatments for patients with a mixed duration of low back pain with or without sciatica. Based on the treating physician's medical records provided, and noting the lack of subjective and objective data provided, the literature does not support the use of traction devices due to a lack of effectiveness in improving pain. Therefore, this request is not medically necessary.