

Case Number:	CM14-0037703		
Date Assigned:	06/25/2014	Date of Injury:	01/04/2006
Decision Date:	09/08/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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 records presented for review indicate that this 58-year-old male was reportedly injured on January 4, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 2, 2014 is hand written and difficult to read. The note indicates that there were complaints of low back pain radiating down both lower extremities. The physical examination demonstrated decreased lumbar spine range of motion and a positive right-sided straight leg raise test. There was decreased sensation at the L5 and S1 dermatomes. Diagnostic imaging studies of the lumbar spine indicate a multi-ligamentous lumbar sprain/strain and facet joint arthropathy at L4 - L5. There was also a disc bulge at L3 - L4 and L4 - L5. Previous treatment includes chiropractic care. A request had been made for a home traction unit for the lumbar spine and was not certified in the pre-authorization process on March 20, 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 the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Traction, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines a power traction device is not recommended for use for the lumbar spine buddy home-based patient controlled gravity traction is a noninvasive conservative option if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. According to the attached medical record it is unclear if the injured employee is currently participating in other therapy. Additionally this request does not specify what type of traction device is requested. For these reasons this request for a home traction unit for the lumbar spine is not medically necessary.