

Case Number:	CM14-0044043		
Date Assigned:	06/20/2014	Date of Injury:	05/05/1982
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
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 Anesthesiology, has a subspecialty in Pain Medicine 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:

According to the records made available for review, this is a 51-year-old male with a 5/5/82 date of injury. At the time (3/4/14) of request for authorization for lumbar traction unit, there is documentation of subjective (increased weakness in the left foot) and objective (minimal alteration in gait) findings, current diagnoses (lumbar radiculopathy and chronic lumbar strain), and treatment to date (medications). 2/20/14 medical report identifies a request for purchase of a (Saunders) home lumbar traction unit for home use.

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 OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: MTUS reference to ACOEM guidelines identifies that traction has not been proved effective for lasting relief in treating low back pain. In addition, MTUS reference to ACOEM guidelines identifies that because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Therefore, based on

guidelines and a review of the evidence, the request for lumbar traction unit is not medically necessary.