

Case Number:	CM14-0066169		
Date Assigned:	07/11/2014	Date of Injury:	09/13/2012
Decision Date:	08/08/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Pain Management 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 is a patient with a date of injury of 9/13/12. A utilization review determination dated 4/22/14 recommends non-certification of lumbar traction unit. 3/31/14 medical report identifies pain in the right lumbar, hip, and groin. On exam, there is right groin tenderness, decreased range of motion (ROM) of the lumbar spine, pain and numbness over the right L4 dermatome, spasm, guarding, and tenderness in the paravertebral muscles, and Gaenslen's was positive. Norco was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 Chapter, Traction.

Decision rationale: Regarding the request for a lumbar traction unit, CA MTUS and ACOEM state traction has not been proved effective for lasting relief in treating low back pain. The Official Disability Guidelines (ODG) states traction 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. Within the information made available for review, there is no indication that the requested lumbar traction unit is a patient controlled device and that it will be used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. No rationale has been presented identifying the medical necessity of traction despite the recommendations of the CA MTUS. In the absence of such documentation, the currently requested lumbar traction unit is not medically necessary.