

Case Number:	CM14-0066665		
Date Assigned:	09/03/2014	Date of Injury:	02/06/2011
Decision Date:	10/02/2014	UR Denial Date:	04/25/2014
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 Emergency Medicine and Fellowship Trained in Emergency Medical Services, and is licensed to practice in Texas. 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 35 year-old male who reported an injury on 02/06/2011. The mechanism of injury was not provided for the review. The diagnoses included low back pain, right sacroiliitis, radiculopathy, and lumbar facet pain. Past treatments included conservative care, physical therapy, medications, a home exercise program, lumbar epidural blocks, mechanical traction and tens unit therapy. On 02/07/2014, the injured worker complained of persistent low back pain, rated 4/10. The injured worker stated that the pain was more significant on the right side and he denied any radiating pain down the lower bilateral extremities. The injured worker reported that prolonged sitting, standing, or ambulating aggravated his pain. In addition the injured worker added that the use of a lumbar traction unit as part of therapy has decreased his pain in the past. The physical examination findings revealed spasms in the lumbar paraspinal muscles, stiffness in the lumbar spine, tenderness upon palpation in the lumbar facet joints bilaterally, sensory exam was normal to light touch in the bilateral lower extremities, and strength was 5/5 in the bilateral lower extremities. Current medications included naproxen and cyclobenzaprine. The treatment plan was for a lumbar traction unit for home use to minimize the pain in the lumbar region with a goal to increase activity and decrease medication use. The request for authorization form was submitted and signed on 03/24/2014.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for a lumbar traction unit for home use is not medically necessary. The injured worker has a history of chronic low back pain radiating down the lower extremities. The injured worker has been treated with conservative care, physical therapy, medications, a home exercise program, lumbar epidural blocks, mechanical traction and tens unit therapy. The California MTUS/ACOEM guidelines state, traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. There was subjective documentation within the medical record that previous traction therapy had aided in the management of pain and promoted physical function. However, there was a lack of objective evidence to support the effectiveness of the traction unit therapy in relation to decreasing pain and increasing function. As outlined in the guideline above traction unit therapy is not recommended as traction has not been proved effective for lasting relief in treating low back pain. As such the request is not medically necessary.