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| Case Number: | CM14-0066782 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 06/10/2010 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 05/11/2014 |

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 61-year-old female who was reportedly injured on June 10, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated July 1, 2014, indicates that there are ongoing complaints of back pain. The physical examination demonstrated decreased lumbar spine range of motion with guarding. Was a positive right-sided straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, a home exercise program, and massage. A request was made for a lumbar home traction unit and was not certified in the pre-authorization process on June 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Home 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 - TWC Low Back Procedure Summary, traction devices.

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, 2014.

Decision rationale: According to the Official Disability Guidelines powered traction devices are not recommended but home-based patient controlled gravity traction as a noninvasive conservative option if used as an adjunct to evidence-based conservative care to achieve functional restoration. This request does not specify if this is to be a powered traction unit or gravity based. Considering this, the request for a lumbar home traction unit is not medically necessary.