MAXIMUS Federal Services

Case Number:	CM14-0071262		
Date Assigned:	07/14/2014	Date of Injury:	02/01/2013
Decision Date:	09/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/16/2014

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 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:

The injured worker is a 41-year-old male with a date of injury of February 3, 2013. At that time, he was operating a jack hammer when he suddenly lost control of the machine which struck his right knee and caused him to fall onto his front side. In the progress note dated April 7, 2014, the injured worker complained of intermittent pain in his bilateral lower back, right greater than the left which radiates to his upper back. Pain described as dull, sharp and throbbing and with soreness. He also complained of constant pain in his right knee with associated numbness and tingling sensation in his right leg specifically in the popliteal region. His low back pain was rated as 7 out of 10 on the pain scale while his right knee pain was at 4/10. Noted also in the progress report was that he had his first lumbar epidural injection on March 13, 2014 with suboptimal and temporary results. He also has non-orthopedic complaints of difficulty falling asleep due to pain, waking during the night, and symptoms of depression. Objective findings to the lumbar spine included tenderness over the bilateral levels T12-L1, L2-L3, L3-L4, L4-L5, L5-S1 and S1, left greater than the right and limited range of motion with pain. Objective findings for the right lower extremity and right knee included tenderness over the thigh, knee and knee as well as limited range of motion. He was diagnosed with (a) displacement of lumbar intervertebral disc without myelopathy L4-5 (3-mm) and L5-S1 (2-mm); (b) numbness-right leg with isolated abnormal right superficial peroneal sensory study; (c) right knee sprain and strain with high grade anterior cruciate ligament sprain with lateral meniscal tear with medial collateral ligament sprain and (d) right leg strain. His treatments to date included medications, physical therapy, lumbar epidural steroid injections and chiropractic care. This is a review for the requested home traction unit purchase as a pain relief modality

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Lumbar Traction Unit Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Thoracic, Traction.

Decision rationale: The medical records received have limited information to support the necessity of the purchase of a home lumbar traction unit. As per the Official Disability Guidelines, 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. Pain management consult dated February 21, 2014 stated that the injured worker has been unresponsive to other conservative treatment (home exercises, physical therapy, and nonsteroidal anti-inflammatory drugs). The records provided did not elaborate the plan of care and treatment that will be implemented in adjunct to the utilization of such lumbar traction device. It was not clear from the records submitted how this traction device would help the injured worker's low back problem. As such, this request is not medically necessary of the purchase of home traction unit as set forth by the evidenced-based guidelines.