

Case Number:	CM14-0089929		
Date Assigned:	09/10/2014	Date of Injury:	07/20/2012
Decision Date:	11/21/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/13/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 50-year-old with a reported date of injury of 07/20/2012. The patient has the diagnoses of cervical sprain, thoracic sprain, lumbar sprain/strain, lumbar neuritis, sacral sprain and lumbar disc herniation. Per the most recent progress reports provided for review by the primary treating physician dated 05/07/2014, the patient had complaints of pain in the neck, mid back and lower back with radiation into the lower extremities. The pain is rated a 10/10. The physical exam noted decreased lumbar range of motion due to pain with lumbar paraspinal tenderness and spasm with globally decreased sensation over all dermatomes of the lower extremities. The treatment plan recommendations included home traction unit, medications and electrodiagnostic studies of the lower extremities.

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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back traction

Decision rationale: Per the ODG section on lumbar traction: Not recommended using power 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. As a sole treatment, traction has not proved effective for lasting relief in the treatment of low back pain. Per the ACOEM Chapter on Low Back Complaints, 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. The requested service is not recommended per the ACOEM. In addition the ODG only recommends the requested service as an adjunct to a program of evidence based conservative care. Besides medications, there is no other documented plan of conservative care being used as an adjunct to traction. Therefore the request is not medically necessary and appropriate.