

Case Number:	CM14-0096307		
Date Assigned:	07/25/2014	Date of Injury:	11/30/2012
Decision Date:	08/28/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 59 year old female with a work injury dated 11/30/12 to her low back. The diagnoses include multilevel lumbar spondylosis with facet arthropathy, and spinal stenosis. Under consideration is a request for a for lumbar traction unit, one month rental, for the lumbar spine. There is a primary treating physician (PR-2) document dated 5/19/14 that is handwritten and states that the patient had some benefit from a recent epidural steroid injection to her lumbar spine. She has moderate low back pain and difficulty with activities. The exam reveals tenderness to palpation of the lumbar spine. There is a positive straight leg raise. There is decreased lumbar range of motion. The sensory, motor and reflex exam results were difficult to read as this note was handwritten. The plans include awaiting IMR decision on medications and PT, awaiting an AME evaluation, and consider a lumbar spine surgical consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar traction unit, one month rental, for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Lumbar traction unit 1 month rental is not medically necessary per the MTUS guidelines. The guidelines state that traction has not been proved effective for lasting relief in treating low back pain and additionally there is insufficient evidence to support using vertebral axial decompression for treating low back injuries. The patient has had physical therapy in the past and practices the home exercise routine. The guidelines state that the traction effects are temporary and the documentation states that there is consideration of a surgical consult. The request for lumbar traction unit 1 month rental is not medically necessary.