

Case Number:	CM13-0067829		
Date Assigned:	01/03/2014	Date of Injury:	07/28/2003
Decision Date:	03/05/2015	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 47 year old male, who sustained an industrial injury on 7/28/2003. He has reported pain in the low back with radiating pain, tingling and numbness to the lower extremities and was diagnosed with lumbago. Treatment to date has included lumbar surgery in June of 2013, traction, pain medications, anti-inflammatories, diagnostic and lab studies, and physical therapy. Currently, the IW complains of continued low back pain. The IW reported back pain with associated tingling and numbness following a lumbar surgery in June of 2013. He reported minimal improvement with physical therapy. On evaluation on November 25, 2013, the IW continued to complain of back pain with associated numbness and tingling of the lower extremities. Improvement with previous traction was noted however the documentation failed to provide objective data including the efficacy of the traction, how often it was used or exactly what type was used. On December 9, 2013, the same complaints continued. There was still a request for home traction. On December 9, 2013, Utilization Review non-certified a request for a home traction unit for the lumbar spine, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 18, 2013, the injured worker submitted an application for IMR for review of a request for a home traction unit for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home traction unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, Low Back Complaints, Traction, page 300. Decision based on Non-MTUS Citation Low Back, Traction, page 496

Decision rationale: Treatment Guidelines for the Low Back, 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. Per ODG, low back condition is not recommended using powered 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 been proved effective for lasting relief in the treatment of low back pain. Submitted reports have not demonstrated the indication or functional improvement from lumbar traction trial treatment already rendered. The Purchase of home traction unit for the lumbar spine is not medically necessary and appropriate.