

Case Number:	CM14-0180063		
Date Assigned:	11/04/2014	Date of Injury:	10/25/2004
Decision Date:	01/29/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 Pain Medicine 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 53-year-old male with an original date of injury of October 25, 2004. The mechanism of injury was an assault. The patient developed chronic low back pain and subsequently underwent a microdiscectomy at L5-S1 level. This was performed in November 2010. The disputed issue at the present time is a request for a lumbar traction unit. A utilization review determination on September 29, 2014 noncertified this request. The stated rationale for this denial was citation of the ACOEM guidelines which do not recommend traction.

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 Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home inversion table and Traction.

Decision rationale: Regarding the request for purchase of a lumbar traction unit, the ACOEM Practice Guidelines state traction has not been proven effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for

treating low back pain injuries, it is not recommended. Note that since the California Medical Treatment Utilization Schedule directly adopts this portion of the ACOEM guidelines, this recommendation supersedes that of other guidelines including the Official Disability Guidelines or other national, evidence-based guidelines. Therefore, this request is not medically necessary.