

Case Number:	CM14-0193038		
Date Assigned:	11/26/2014	Date of Injury:	08/01/2013
Decision Date:	01/13/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/18/2014

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 & 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:

This 40 year-old patient sustained an injury on 8/1/13 while employed by [REDACTED]. Request(s) under consideration include One lumbar traction LSO. The patient continues to treat for chronic low back pain. Conservative care has included medications, therapy, lumbar epidural steroid injections, and modified activities/rest. Report of 9/5/14 from the provider noted patient with low back pain and lumbar radiculopathy; had recent therapeutic LESI on 8/18/14 with improvement of lower extremity pain, but not particularly helpful in regards to low back. Current medications list Hydrocodone, Ranitidine, and Norco. Exam showed lumbar spine with intact scar; positive left SLR (no degree specified); diffuse tenderness at left L3-S1; no palpable trigger points; mild left leg weakness unspecified, but most motor strength grossly intact. Diagnoses include lumbar radiculopathy/ low back pain. Treatment for medication refills. Report of 9/12/14 from the provider noted exam findings of intact back wound that is clean, dry and intact without focal tenderness appreciated. Lumbar radiographs showed retrolisthesis and instability at L3-5, L5-S1 fully fused. Treatment plan had no surgical plan with recommendation for medication for flare-up. The patient was returned to full duty. Request for LSO was to provide for axial decompression/traction to lumbar spine. The request(s) for One lumbar traction LSO was non-certified on 10/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar traction LSO: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2007), page 146-7 and Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) page 786-88

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back brace, page 372

Decision rationale: This 40 year-old patient sustained an injury on 8/1/13 while employed by [REDACTED]. Request(s) under consideration include One lumbar traction LSO. The patient continues to treat for chronic low back pain. Conservative care has included medications, therapy, lumbar epidural steroid injections, and modified activities/rest. Report of 9/5/14 from the provider noted patient with low back pain and lumbar radiculopathy; had recent therapeutic LESI on 8/18/14 with improvement of lower extremity pain, but not particularly helpful in regards to low back. Current medications list Hydrocodone, Ranitidine, and Norco. Exam showed lumbar spine with intact scar; positive left SLR (no degree specified); diffuse tenderness at left L3-S1; no palpable trigger points; mild left leg weakness unspecified, but most motor strength grossly intact. Diagnoses include lumbar radiculopathy/ low back pain. Treatment for medication refills. Report of 9/12/14 from the orthopedic provider noted exam findings of intact back wound that is clean, dry and intact without focal tenderness appreciated. Lumbar radiographs showed retrolisthesis and instability at L3-5, L5-S1 fully fused. Treatment plan had no surgical plan with recommendation for medication for flare-up. The patient was returned to full duty. Request for LSO was to provide for axial decompression/traction to lumbar spine. The request(s) for One lumbar traction LSO was non-certified on 10/20/14. There are no presented diagnoses of instability, acute compression fracture, or spondylolisthesis with spinal precautions to warrant a back brace for chronic mid/low back pain. Reports have not adequately demonstrated the medical indication for the DME. Based on the information provided and the peer-reviewed, nationally recognized guidelines, the request for thoracic brace cannot be medically recommended. CA MTUS notes back supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient is well beyond the acute phase of injury of 2013. In addition, ODG states that back supports are not recommended for prevention; is under study for treatment of nonspecific back pain; and only recommended as an option for acute compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Submitted reports have not adequately demonstrated indication or support for the request beyond the guidelines recommendations and criteria. The One lumbar traction LSO is not medically necessary and appropriate.