

Case Number:	CM14-0201762		
Date Assigned:	12/12/2014	Date of Injury:	11/01/2013
Decision Date:	01/28/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/02/2014

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 Practice 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 is a 52-year-old male claimant who sustained a cumulative work injury from November 1, 2012 to November 1, 2013 involving the low back, cervical spine, right shoulder and both feet. He was diagnosed with bilateral plantar fasciitis, right shoulder myofascial strain, lumbar strain and cervical strain. An MRI in 2013 showed degenerative changes from L5 - S1. There were hypertrophic changes contributing to L3- L4 stenosis. A progress note on November 26, 2014 indicated the claimant had 6- 7/10 pain. Exam findings were notable for bilateral foot pain as well as radiating pain to both upper extremities. The treating physician requested a lumbar traction kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar traction kit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the guidelines, traction has not been proven effective for lasting relief in treating low back pain. There is insufficient evidence to support using traction. It is not recommended. The request for an attraction kit is not medically necessary.