

Case Number:	CM15-0109036		
Date Assigned:	06/15/2015	Date of Injury:	09/19/2003
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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(n) 53 year old female, who sustained an industrial injury on 9/19/03. She reported pain in her lower back. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy and lumbar spondylosis. Treatment to date has included a lumbar MRI, physical therapy with no benefit, acupuncture and oral pain medications. As of the PR2 dated 5/5/15, the injured worker reports pain in her lower back. The treating physician noted that the injured worker was bent over in about a 50 degree forward flexion posture with a crutch. The treating physician is unable to complete a physical exam due to pain. An intramuscular injection of Toradol was administered for pain relief. The treating physician requested a lumbar traction unit.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the guidelines, lumbar traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebralaxial decompression for treating low back injuries, it is not recommended. In this case, the claimant has received therapy and medication, which may not have helped but are proven to be more efficacious. The request for a lumbar traction unit is not medically necessary.