

Case Number:	CM15-0133039		
Date Assigned:	07/21/2015	Date of Injury:	03/01/2014
Decision Date:	08/24/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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: Texas, 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 45 year old male, who sustained an industrial injury on 3/1/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc injury, lumbar strain and left sciatica. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection that improved his back pain and medication management. In a progress note dated 6/10/2015, the injured worker complains of left shoulder and low back pain. Physical examination showed lumbar spasm and full range of motion. The treating physician is requesting lumbar traction-Saunders type, one month trial. The medication list include Ultram, Motrin, Cyclobenzaprine and Neurontin. The patient had received an unspecified number of the PT visits for this injury. The patient's surgical history include left shoulder RTC repair on 11/17/14. The patient sustained the injury due to MVA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar traction, Saunders type, 1 month trial: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Traction.

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 (updated 07/17/15) Traction.

Decision rationale: Request Lumbar traction, Saunders type, 1 month trial. As per cited guideline "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." According the cited guidelines, "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." Mechanical traction has not been proved effective for lasting relief in the treatment of low back pain Detailed response to previous conservative therapy was not specified in the records provided. Prior conservative therapy visit notes were not specified in the records provided. The response of the symptoms to a period of rest, oral pharmacotherapy is not specified in the records provided The records provided did not specify any recent physical therapy with active PT modalities or a plan to use the traction unit as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications (that would preclude the use of oral medications) was not specified in the records provided. The medical necessity of the request for Lumbar traction, Saunders type, 1 month trial is not fully established in this patient.