

Case Number:	CM15-0205863		
Date Assigned:	10/22/2015	Date of Injury:	09/30/2014
Decision Date:	12/03/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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: North Carolina

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 53 year old male, who sustained an industrial injury on 9-30-14. The injured worker was diagnosed as having lumbar disc herniation with radiculopathy; lumbar spinal stenosis; left sacroiliitis; lumbar muscle strain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-1-15 indicated the injured worker complains of twisting his back when getting out of his car and felt a "pop in the lower back, like a crack; increasing soreness in the afternoon and the next day. He was evaluated and referred to physical therapy." The provider notes his treatment has been: NSAIDs; therapy; analgesics; muscle relaxants, all with no improvement. He notes the injured worker has an epidural with good improvement but no other detail of spinal level injected or date of procedure with percentage of improvement received. The provider notes there have been no new diagnostics test since his last visit but a consultation (physical therapy) for the "home inversion device" was done. On physical examination the provider documents "The patient has mild tenderness of the lumbo-sacral spine. There is no tenderness of the bilateral paraspinal muscles. There is no bilateral sciatic notch tenderness. Mild left sacroiliac tenderness. The patient can flex the back to 30 degrees out of 90 degrees. Improved effort is noted. The patient's gait is antalgic. He displays no weakness, with normal straight leg raise test. He displays no Babinski sign on the right side or on the left. Patient reports elimination of radiating pain into the right buttock in the S2 distribution. He reports numbness and tingling, radiating into the right first toe." The provider's treatment plan includes continued use of medications: Ibuprofen, Robaxin and Norco. He also requests the home inversion device. A PR-2 note dated 8-21-15 is of similar complaints, and

physical examination. There is a difference in statement for flexion notes as The patient can flex the back to 20 degrees out of 90 degrees. Poor effort is noted and no numbness or tingling, loss of sensation radiating into the legs on either side. A Request for Authorization is dated 10-15-15. A Utilization Review letter is dated 10-9-15 and non-certification for Home Inversion traction device. A request for authorization has been received for Home Inversion traction device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Inversion traction device: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back traction.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The California MTUS does not specifically address the requested service. Per the official disability guidelines, traction as a sole treatment has not proven effective for lasting relief in the treatment of low back pain. The evidence is moderate for home based patient controlled traction compared to placebo. Aetna considers auto traction devices experimental because of a lack of sufficient support of their clinical value in treating low back pain and other indications. The ACOEM chapter on low back complaints that traction has not proven effective for lasting relief in treating low back pain. There is not a documented failure of first line treatment recommendations. Based on the above recommendations, the request cannot be certified as medical necessity has not been met per guidelines, therefore is not medically necessary.