

Case Number:	CM15-0032771		
Date Assigned:	02/26/2015	Date of Injury:	10/04/2010
Decision Date:	04/22/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/23/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 69-year-old female, who sustained an industrial injury on 10/4/10. The diagnoses have included lumbosacral spondylosis without myelopathy, degeneration of thoracic lumbar intervertebral disc, and spinal stenosis of lumbar region. Treatment has included medications, activity restrictions, home massage, stretching, heat, physical therapy, lumbar brace, Home Exercise Program (HEP). Currently, as per the physician progress note dated 2/9/15, the injured worker complains of low back pain that radiates to right leg. There were also complaints of electrical sensation and limited ability to stand, walk and sit. The current medications used were over the counter Ibuprofen and creams. The physical exam revealed positive straight leg raise on the right, walks with stooped posture, deep tendon reflexes in the lower extremity were absent and a lumbar brace was used regularly. The physician requested treatment included Trial traction to the lumbar spine x2 visits for lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial traction to the lumbar spine x2 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker sustained a work related injury on 10/4/10. The medical records provided indicate the diagnosis of lumbosacral spondylosis without myelopathy, degeneration of thoracic lumbar intervertebral disc, and spinal stenosis of lumbar region. Treatment has included medications, activity restrictions, home massage, stretching, heat, physical therapy, lumbar brace, Home Exercise Program (HEP). The medical records provided for review do not indicate a medical necessity for Trial traction to the lumbar spine x2 visits. The MTUS recommends against traction. The MTUS states, "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". Therefore, it is not medically necessary.