

Case Number:	CM15-0052624		
Date Assigned:	03/26/2015	Date of Injury:	06/28/2011
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old male, who sustained an industrial injury on 6/28/2011. The mechanism of injury was not provided for review. The injured worker was diagnosed as having right anterior cruciate ligament instability, cervical sprain/strain and lumbar strain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, traction, cognitive behavioral therapy, biofeedback and medication management. In a progress note dated 2/25/2015, the injured worker complains of low back pain that radiates to the bilateral lower extremities and right knee pain. The treating physician is requesting lumbosacral traction device.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEMO L/S Traction Device: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), traction.

Decision rationale: The claimant sustained a work-related injury in June 2011 and continues to be treated for knee and neck and low back pain. The use of cervical spine traction is reference. A home traction unit for the lumbar spine was requested. In terms of lumbar traction, it is not recommended using a powered traction devices. 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. In this case, the type of unit being requested was not specified and therefore the request was not medically necessary.