

Case Number:	CM15-0060904		
Date Assigned:	04/07/2015	Date of Injury:	07/26/2012
Decision Date:	05/06/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 64 year old female, who sustained an industrial injury on 07/26/2012. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, radiofrequency ablation, conservative therapies, and medial branch blocks. Currently, the injured worker complains of low back pain radiating into the bilateral flank region and thighs. The injured worker reported that her pain was significantly decreased after undergoing radiofrequency ablation on 01/20/2015 resulting in a noted increase in activities levels. The diagnoses include lumbar disc injury, lumbar facet arthralgia, and lumbar radiculopathy. The treatment plan consisted of a traction unit trial, medication adjustments, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of a traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 794-797. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Traction Section.

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-traction.

Decision rationale: Trial of a traction unit is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that 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. The ODG states that traction is 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. The guidelines state that traction is not proven effective for lasting relief in low back pain. The documentation reveals no extenuating factors which would necessitate going against guideline recommendations therefore this request is not medically necessary.