

Case Number:	CM15-0088188		
Date Assigned:	05/13/2015	Date of Injury:	08/16/1985
Decision Date:	06/15/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/07/2015

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: Indiana

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 57-year-old male, who sustained an industrial injury on 8/16/85. The injured worker has complaints of neck pain; fracture of thoracic vertebral body; compression fracture of lumbar spine and closed fracture of calcaneus. The diagnoses have included lumbar radiculopathy and strain of lumbar region. Treatment to date has included terocin topical lotion; baclofen; lyrica; pool therapy; massage therapy; acupuncture and physical therapy. The request was for Lumbar Traction, for home rental for 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Traction, for home rental for 1 month (E1399): 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 - Lumbar & Thoracic - Traction.

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, Traction.

Decision rationale: Regarding lumbar traction, MTUS is silent, but ODG states the following: "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. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues. (Beurskens, 1997) (Tulder, 2002) (van der Heijden, 1995) (van Tulder, 2000) (Borman, 2003) (Assendelft-Cochrane, 2004) (Harte, 2003) (Clarke, 2006) (Clarke, 2007) (Chou, 2007) The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. There was moderate evidence that auto traction (patient controlled) was more effective than mechanical traction (motorized pulley) for global improvement in this population. (Clarke-Cochrane, 2005) Traction has not been shown to improve symptoms for patients with or without sciatica. (Kinkade, 2007) The evidence is moderate for home based patient controlled traction compared to placebo. (Clarke, 2007)" There is no discussion o how the lumbar traction would fit into a program of evidence-based conservative cares to achieve functional restoration. Therefore, the request is not medically necessary.