

Case Number:	CM14-0148843		
Date Assigned:	09/18/2014	Date of Injury:	12/10/2011
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Orthopedic Surgeon, has a subspecialty in Sports Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old female who reported an injury on 12/10/2011. The mechanism of injury involved a fall. The current diagnoses include status post fall and back/left buttock pain. Previous conservative treatment was noted to include physical therapy, aquatic therapy, injections, TENS therapy, and chiropractic treatments. The injured worker was evaluated on 08/26/2014 with complaints of mid and lower back pain. The injured worker reported minimal pain with the use of a TENS device. The current medication regimen includes Percocet, Soma, Benadryl, Xanax, and medical marijuana. The physical examination revealed intact motor strength in the bilateral lower extremities, positive straight leg raising, positive Faber's testing, decreased sensation in the left L5 distribution, and a normal gait. The treatment recommendations at that time included 3 sessions of physical therapy and lumbar traction with a home unit. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion Traction Table 1 month trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state traction has not been proven 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, the current request is not medically appropriate.