

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0068583 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 10/02/2006 |
| Decision Date: | 03/05/2015 | UR Denial Date: | 05/08/2014 |
| Priority: | Standard | Application Received: | 05/13/2014 |

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. 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 54 year old female who sustained an industrial related injury on 10/2/06. A physician's report dated 5/1/14 noted the injured worker had complaints of chronic low back pain extending to the right hip. Locking up of her knees and cramping involving her right foot and ankle was noted. Left elbow pain was also described. Physical examination findings included a decrease in range of motion of the lumbar spine secondary to pain. Positive lumbar tenderness and paraspinous muscle spasms were present. The injured worker was taking Norco, Naprosyn, Omeprazole, Norflex, Neurontin, and Doral. The injured worker was noted to be unable to return to work at that time. On 8/5/14 the treating physician noted a primary diagnosis of lumbar disc disease with myelopathy and requested authorization of purchase of a home traction unit for the lumbar spine. On 5/7/14 the request for purchase of a home traction unit for the lumbar spine was non-certified. The utilization review (UR) physician cited the Official Disability Guidelines and noted there was no evidence that the injured worker had attempted traction on a trial basis before purchasing the traction unit. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a home traction unit for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM, Chapter 12 Low Back Complaints notes on page 300 that traction has not been effective treating low back pain. Also, this patient never had a trial of traction documenting efficacy prior to the requested purchase of the traction unit. Traction is not a ACOEM recommended treatment for low back pain and does not provide persistent improvement. Thus the purchase of the traction unit is not consistent with ACOEM guidelines.