

Case Number:	CM15-0018850		
Date Assigned:	02/06/2015	Date of Injury:	01/17/2011
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/02/2015

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: Internal Medicine, Rheumatology

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 50 year old male, who sustained an industrial injury on January 17, 2011. The injured worker has reported low back pain. The diagnoses have included lumbar herniated nucleus pulposus and lumbar degenerative disc disease. Treatment to date has included pain medication, a home exercise program, physical therapy, a transcutaneous electrical nerve stimulation unit and a lumbar microdiscectomy in 2012. The injured worker had a fifty percent improvement in low back pain and associated symptoms with physical therapy, specifically the traction treatment. Current documentation dated January 8, 2015 notes that the injured worker reported low back pain with radiation down the left leg. Associated symptoms include intermittent numbness and tingling. Physical examination of the lumbar spine revealed a decreased range of motion. No pain or spasms were noted. Lower extremity examination showed a normal strength and tone except for the left tibialis anterior which was a 4+/5. Sensation was diminished in the left lateral calf and feet bilaterally. On January 15, 2015 Utilization Review non-certified a request for a traction table. The MTUS, ACOEM Guidelines and Official Disability Guidelines, were cited. On February 2, 2015, the injured worker submitted an application for IMR for review of a traction table.

IMR ISSUES, DECISIONS AND RATIONALES

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

Traction table: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This 50 year old male has complained of low back pain since date of injury 1/17/11. He has been treated with physical therapy, TENS unit, lumbar spine surgery and medications. The current request is for a traction table. Per the MTUS guidelines cited above, traction has not been proven effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression (traction) for treating low back injuries, it is not recommended. On the basis of the available medical documentation and per the MTUS guidelines cited above, a traction table is not indicated as medically necessary.