

Case Number:	CM15-0079824		
Date Assigned:	04/30/2015	Date of Injury:	11/17/2009
Decision Date:	06/02/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 59-year-old male who sustained an industrial injury on 11/17/2009. Diagnoses include multilevel degenerative disc disease with spondylolisthesis and bilateral C5-C6 radicular pain, status post L5-S1 hemilaminectomy with continuation of lower back pain and left leg pain and weakness. Treatment to date has included diagnostic studies, medications, epidural injections, cervical home traction unit, home exercise program and gym program. A physician progress note dated 03/16/2015 documents the injured worker is currently taking Celebrex, Fexmid and Ambien. He continues to have difficulty sleeping without taking some type of medications. He has a difficult time getting comfortable without initiating either neck or back pain. On examination, lumbar flexion to 90 degrees is relatively pain free. Cervical extension 15 degrees cause lower back pain. He is using a cervical traction unit and it is effective. The treatment plan is for Terocin patches to be applied to neck or back for pain relief. Treatment requested is for home lumbar traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Lumbar Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328; table 12-2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308, table 12-8.

Decision rationale: The request is for a home lumbar traction unit. While traction for the c-spine is recommended in a home setting, Lumbar spine traction for low back pain has not been found to be effective in treating low back pain and lower extremity discomfort, according to MTUS guidelines. Existing evidence is insufficient to justify vertebral decompression for treating low back injuries. Therefore, the request is not medically necessary.