MAXIMUS Federal Services

Case Number:	CM15-0096758		
Date Assigned:	05/27/2015	Date of Injury:	10/12/2014
Decision Date:	07/01/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/19/2015

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: Texas, New York, California
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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 12, 2014. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for a lumbar traction device, either rental or purchase. The claims administrator referenced progress notes of April 20, 2015 and October 24, 2015 in its determination. The applicant's attorney subsequently appealed. On May 18, 2015, the applicant reported ongoing complaints of low back pain. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. Unspecified medications were renewed under a separate cover, which the treating provider contended were beneficial here. In an order form dated October 24, 2014, a back brace, multi-stimulator device, continuous cooling system, and home exercise kit were sought through preprinted checkboxes, without associated narrative comment or supportive rationale. On April 20, 2015, the applicant was asked to employ a traction unit for ongoing complaints of low back pain. The applicant was not working with previously imposed limitations, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Traction unit (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, powered traction devices; traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: No, the proposed lumbar traction unit purchase or rental was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, traction, the modality at issue, is deemed "not recommended" in the evaluation and management of applicants with low back pain complaints, as were/are present here. It is further noted that the attending provider seemingly initiated requests for multiple different passive modalities, including traction, a multi-stimulator device, a lumbar support, a continuous cooling system, etc., in addition to the traction device at issue. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. The attending provider's request for the traction device, thus, was at odds with both page 308 of the ACOEM Practice Guidelines and with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.