

<b>Case Number:</b>	CM13-0029054		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 licensed in Chiropractic, 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 patient is a 26 year old female with chronic low back pain; her date of injury was 1/30/13. Previous treatments include back brace, medications, physical therapy and work modification. An 8/5/13 initial evaluation report by [REDACTED] revealed constant sharp, aching and throbbing lower back pain rated 8/10, constant sharp right leg pain rated 8/10, and constant sharp, aching and throbbing pain in right buttock rated 8/10. Kemp's Test was positive bilaterally, and the SLR seated test was positive on the right and pain on the left. She experienced moderate paraspinal tenderness, muscle guarding and spasms from T12-S1, as well as decreased lumbar range of motion with pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**traction, mechanical therapy for the lumbar spine twice a week for four weeks:** 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.

**Decision rationale:** ACOEM guidelines do not recommend traction for the treatment of low back pain. It has not been proven effective for lasting relief, and since evidence is insufficient to

support using vertebral axial decompression for treating low back injuries, it is not recommended. Therefore, the request is not medically necessary.