

<b>Case Number:</b>	CM13-0029085		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/11/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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 claimant is a 45-year-old male presenting with head, neck, bilateral shoulder, right arm, bilateral hands, wrist, low back, right knee pain following a work-related injury on December 10, 2010. The claimant reports pain radiating down the right arm and associated numbness in the left digits as well as burning pain in the calves and shins. The physical exam was significant for reversal of the normal lumbar lordosis, wide base gait, diffuse tenderness over the lumbar paravertebral muscles, moderate facet tenderness over L5-S1, positive Kemp's test, positive seated straight leg raise test at 60° on the right and a positive seated straight leg raise test at 70° on the left, positive for tends test, the numbness sensation over the right L5 and S1 dermatomes, muscle strength decreased in the big toe extension bilaterally. EMG nerve conduction studies on 5/23/2013 revealed bilateral L5-S1 and right S1 radiculopathy. X-ray of the lumbar spine was negative for any findings except for opening up the lamina at S1-S2 with gentle scoliotic curve. The claimant has tried lumbar epidural steroid injections. The claimant was made 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain Chapter.

**Decision rationale:** Home lumbar traction unit is not medically necessary. The Official Disability Guidelines (ODG) on low back pain states "Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." Per ODG, home Lumbar traction unit is not medically necessary.