

<b>Case Number:</b>	CM13-0040354		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Orthopedic Surgery 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 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 patient is a 33-year-old female who was injured in a work related accident on 02/09/09. The medical records documented low back complaints for which a recent orthopedic assessment by [REDACTED] on 08/28/13 showed continued lumbar complaints for a diagnosis of lumbar disc disease and lumbar radiculopathy. [REDACTED] documented that the claimant saw recent relief with two prior lumbar epidural steroid injections allowing her to reduce her oral intake of medications, a third right sided L5-S1 transforaminal epidural steroid injection was recommended for use at that time. Also, recommended was a home based gravity controlled lumbar traction device as a noninvasive conservative option for treatment. The claimant's clinical imaging was not available for review. At present, there is a request for the home traction device for the lumbar spine.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines and OGD Treatment Guidelines

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

**Decision rationale:** Based on California ACOEM 2004 Guidelines, the role of traction to the lumbar spine would not be supported. ACOEM Guideline criteria clearly states that traction has not been proved effective for lasting relief in treating low back complaints. The medical evidence is insufficient to support using vertebral axial decompression for the treatment of low back injuries and is not recommended at present. The specific request for the home traction would not meet clinical guidelines for support.