

<b>Case Number:</b>	CM13-0043271		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Inteventional Spine 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:

This is a 44 year-old male with a 1/24/12 industrial injury claim. He has been diagnosed with lumbosacral strain; left lumbosacral radiculopathy; myofascial pain syndrome. According to the 9/16/13 PM&R report from [REDACTED], the patient presents with low back pain with some pain and numbness down the left leg. He had a surgical consult with [REDACTED] who felt he not a surgical candidate. [REDACTED] states he is awaiting a response for a lumbar epidural steroid injection, and in the meantime, notes the therapist believes the patient might benefit from a lumbar decompression traction belt. On 9/27/13 UR denied the request for the lumbar decompression traction belt.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR DECOMPRESSION TRACTION BELT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG)..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,301 and 308.

**Decision rationale:** Final Determination Letter for IMR Case Number [REDACTED] lumbar decompression traction belt. On 9/27/13 UR denied the request for the lumbar decompression traction belt. IMR DECISION(S) AND RATIONALE(S) The Final Determination was based on decisions for the disputed items/services set forth below: 1. THE REQUEST FOR A LUMBAR DECOMPRESSION TRACTION BELT IS NOT MEDICALLY NECESSARY AND APPROPRIATE. The Claims Administrator based its decision on the Official Disability Guidelines (ODG). The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pages 300, 301 and 308. The Expert Reviewer's decision rationale: