

<b>Case Number:</b>	CM13-0070147		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/28/2004
<b>Decision Date:</b>	05/26/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 60-year-old female who reported an injury on 09/28/2004. The mechanism of injury was not provided. The request for medical treatment dated 11/19/2013 revealed the injured worker had been treated in the office for a severe spinal deformity, scoliosis and stenosis. It was further indicated that the injured worker had benefited in the past from lumbar traction. The physician's documentation indicated there was a home traction device called a Back Bubble, which was a reasonably inexpensive apparatus to be utilized daily in one's home for symptomatic control of pain. The physician documented he was recommending this device for purchase for the injured worker as a treatment. The diagnosis included chronic low back pain and chronic major depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BACK BUBBLE (HOME TRACTION DEVICE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, TRACTION.

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

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that traction has not been proven effective for lasting relief in the treatment of low back pain. Since the evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. The clinical documentation submitted for review indicated that the injured worker had used traction and had benefited from it. However, there was lack of documentation of objective functional benefit that was received through prior traction treatments. Given the above, the request for back bubble home traction device is not medically necessary.