

<b>Case Number:</b>	CM13-0070843		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/06/2006
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 54-year-old male with a date of injury of 10/06/2006. The patient has a diagnosis of 2 level degenerative changes at L4-5 and L5-S1 with bilateral neural foraminal stenosis, chronic low back pain, 2 level intervertebral disc herniation, left-sided severe sacroiliac joint pain, depression, severe gastrointestinal symptoms secondary to medication prescribed for 10/06/2006 industrial injury, radiculopathy pain, opiate analgesic medication pain management. The patient notes that pain is worst and most severe in the morning to the lower legs, mild left hip pain increased by walking. The leg pain is also controlled with a TENS unit, the patient attends weekly pain management with a psychologist and finds it beneficial. He does have a home exercise program in which the patient is walking in 20-minute increments daily. The patient ambulates with cane with reduced activity due to pain. Sensitivity noted with touch at L5 and S1 were noted bilaterally to be a 4/5, deep tendon reflexes were 1+ bilaterally. The patient's medications are Mirtazapine 30 mg at bedtime, Docusate 250 mg 1 to 2 tabs daily, Norco 10/325 mg 3 times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF A LUMBAR INVERSION TRACTION UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**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, and Traction.

**Decision rationale:** The patient is a 54-year-old male who was seen on 10/7/2013 for a follow-up appointment. The patient does have difficulty with walking and sitting due to reduced lower leg pain, pain is most severe in the morning. The patient also has mild left hip pain that increases with walking. The patient does get some relief from a TENS unit to help with the leg pain. It is noted that the patient does have a home exercise program in which he walks daily in increments of 20 minutes daily. There was an MRI that was completed on 11/13/2013, and impressions were a moderately motion-degraded exam, mild to moderate degenerative changes at L4-5 and L5-S1, with borderline spinal canal stenosis at these levels. At L5-S1 there is par central disc herniation mildly displaces but does not compress the left S1 nerve root. Chronic appearing degenerative changes causing moderate foraminal stenosis at L4-5 and L5-S1 bilaterally, potentially compromise the exiting L4 and L5 nerve root respectively. The other levels are satisfactory, satisfactory lumbar laminate. The Official Disability Guidelines do state for traction, not recommended using power traction device but home patent controlled gravity traction may be noninvasive conservative option if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. The guidelines state that evidence suggests that any form of traction may not be effective. The documentation provided does note that the patient has been doing a home exercise program. Documentation does not show how successful the program has been. Guidelines do note that evidence suggests that any form of traction may not be effective. Therefore, the request is non-certified.