

<b>Case Number:</b>	CM13-0072034		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/08/2004
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Occupational Medicine, 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 47 year old male who was injured on 01/08/2004. Prior treatment history has included the patient taking Norco 10/325 mg 3-4 times a day and Viagra from his private medical doctor. A PR-2 dated 12/02/2013 documented the patient with complaints of unchanged moderate low back pain/stiffness along with mild radiating pain down to the right lower extremity. He reports the medication overall is beneficial with no adverse effects. He reports that previous chiropractic treatment has been beneficial. Objective finding on examination of the lumbar spine reveals tenderness to palpation over the spinal levels L3 to L5. Tenderness to palpation is also present over the paraspinal musculature with myospasm. Straight leg raising test is positive on the right eliciting slight leg and thigh pain. Straight leg raise on the left is negative. Kemp's test is positive eliciting localized pain in the lumbar spine. Active range of motion of the lumbar spine is as follows: flexion 49 degrees, extension 8 degrees, right side bending 15 degrees and left side bending 16 degrees. Patellar and Achilles reflexes are 2+ bilaterally. Sensation is decreased in the right lower extremity in a patchy distribution. Diagnoses include lumbar spine musculoligamentous sprain/strain with right lower extremity radiculitis, 5-6 mm disc protrusion at L4-S1 with spinal stenosis, moderate left and moderate to severe right neuroforaminal stenosis, and right sacroiliac joint sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME LUMBAR SPINE 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 ODG

**Decision rationale:** According to the ODG, traction is not recommended using powered traction devices. Home patient-controlled gravity traction may be an option if combined with conservative care, but this appears to be a request for a powered traction device, though the submitted records do not specify. As a sole treatment, traction has not been shown to provide lasting relief. The ODG suggests any form of traction may not be effective. Medical necessity has not been established. The request for a home lumbar spine traction unit purchase is not medically necessary and appropriate.