

<b>Case Number:</b>	CM14-0004101		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	02/26/2000
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Sports Medicine and is licensed to practice in Texas. 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 59 year old male who reported an injury on 02/26/2000. The injured worker had a MRI on 07/01/2013 with the impression of degenerative disc disease at L3-L4 level, L4-L5 level both levels with probable impingement of the bilateral transiting nerve root cyst and exiting nerve, mild degenerative disc disease at the L1-L2 and L2-L3 levels, modic type II end plate degeneration at the L3-L4 and L4-L5 levels and straightening of the lumbar lordosis. The injured worker was seen for a clinical visit after completing chiropractic care. The injured worker continues with a slight range of motion deficit and uses Norco for pain. The Plan includes more chiropractic therapy and continue medications. This review did not contain a request for authorization for medical treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: LUMBAR TRACTION UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) states that traction is not recommended for the treatment of low back disorders. Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. The injured worker continues with low back pain and uses Norco for pain in addition to chiropractic therapy. It is unclear if other conservative measures of symptom management have been used and if other therapy was effective. The guidelines do not recommend lumbar traction. Therefore the request is not medically necessary.