

<b>Case Number:</b>	CM14-0011380		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/10/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Pain Management 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 male patient with the date of injury of September 10, 2003. A Utilization Review was performed on January 14, 2014 and recommended non-certification of lumbar traction purchase. A Supplemental Report dated October 8, 2013 identifies symptoms have persisted and are worsening. He has complaints of increasing back pain radiating to the left greater than right lower extremities. Examination identifies decreased lumbar range of motion. Straight leg raising test is positive bilaterally, left worse than right. There is sensory deficit along the L5 dermatomal distribution, right worse than left. Diagnoses identify intervertebral disc disorders, lumbago, lumbar sprain and strain, and other unspecified complications medical care NEC. Request is for lumbar traction purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar traction purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home inversion table and Traction.

**Decision rationale:** Regarding the request for lumbar traction purchase, Occupational Medicine Practice Guidelines state 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 pain injuries, it is not recommended. ODG states traction is not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. Within the information made available for review, there is no indication that the requested lumbar traction unit is a patient controlled device and that it will be used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. In the absence of such documentation, the currently requested lumbar traction purchase is not medically necessary.