

<b>Case Number:</b>	CM14-0132666		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	11/25/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 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 patient sustained an injury on 11/25/11 while employed by [REDACTED]. Request(s) under consideration include Saunders Lumbar Traction Unit. Conservative care has included medications, physical therapy, epidural steroid injections, Functional Restoration Program (May & June 2014), and modified activities/rest. MRI of the lumbar spine dated 12/30/11 noted multilevel degenerative disc disease with mild neural foraminal narrowing at L5-S1 with mild T12 compression deformity chronic without associated edema. EMG on 3/13/12 was normal without evidence for radiculopathy; repeat study on 7/19/13 showed bilateral L5 radiculopathy with prolonged H reflexes. Report of 7/16/14 from the provider noted the patient with ongoing low back pain radiating down both legs; currently attending HELP FRP. Lumbar spine exam showed mild tenderness, spasm; positive SLR and Lasegue's on right; intact sensation in both legs; 4/5 motor strength in right hip abductor; otherwise 5/5; DTRs 1+ left ankle. Treatment included completing HELP program; lumbar traction unit. The request(s) for Saunders Lumbar Traction Unit was non-certified on 8/1/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Saunders Lumbar Traction Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Low Back, 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. Per the Official Disability Guidelines, low back condition 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. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Submitted reports have not demonstrated the indication or medical necessity for this automatic pneumatic lumbar traction. The Saunders Lumbar Traction Unit is not medically necessary and appropriate.