

<b>Case Number:</b>	CM14-0030201		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 & Rehabilitation and is licensed to practice in California and Washington. 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 female who reported an injury on 10/06/2009, due to an unknown mechanism. The injured worker had complaints of low back pain and some right leg pain radiating to the foot, dependent on certain activities. Physical examination on 05/16/2014 revealed that on lumbar spine range of motion, flexion was to 30 degrees. Extension was to 10 degrees; left lateral bending was to 15 degrees, and right lateral bending was to 15 degrees. There was tenderness to palpation with palpable paravertebral spasms along both sides of her lower thoracic and lumbar spine. Muscle strength was 5/5 in the bilateral soleus, limited by low back pain. Straight leg raise was positive on the right side for low back pain and negative on the left side. The injured worker is status post right side L5-S1 laminectomy with contralateral decompression noted on 02/08/2012 with 100% improvement of the leg pain. A repeat MRI on 09/26/2013 revealed significant spondylosis at L5-S1 with about 50% loss of disc height at L5-S1 with residual, moderate bilateral L5 foraminal stenosis. On 02/08/2012, the injured worker had a surgery of a right L5 partial hemilaminotomy, right S1 partial hemilaminotomy and a right L5-S1 subtotal microdiscectomy. The injured worker was unable to do land physical therapy; she did have aqua therapy sessions in 05/2012. Due to the injured worker's recent gastrointestinal events, she was no longer taking any medications. The injured worker did try Flector patches in the past, but they did not stick very well. The diagnoses for the injured worker were lumbar/lumbosacral disc degeneration and sacroiliitis, NEC. The treatment plan for the injured worker was to try Lidoderm patches for her back, to apply 1 or 2 patches in the area as needed for up to 12 hours. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Turn table for traction:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Procedure Summary- Home Inversion Tables.

**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, Traction.

**Decision rationale:** The Official Disability Guidelines states that 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. The guidelines also state that evidence suggests that any form of traction may not be effective. Traction has not been shown to improve symptoms for injured workers with or without sciatica. It was not noted if the injured worker is participating in a home-based exercise program. There was no documentation for the injured worker of functional improvement. Therefore, the request for a turn table for traction is not medically necessary and appropriate.