

<b>Case Number:</b>	CM14-0031335		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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:

The patient is a 53 year-old male busboy/bartender sustained a low back injury when trying to catch umbrellas knocked over by the wind on 7/7/13 while employed by [REDACTED]. Request under consideration include lumbar traction unit. Diagnoses list Lumbosacral Radiculopathy; right-side sciatica. Conservative care has included medications, physical therapy, and modified restrictions; however, last works in October 2013. Report of 1/12/14 from a provider noted patient with complaints of right leg sciatica with burning sensation and numbness and tingling; has history of peripheral neuropathy. Medications list Flexeril, Prednisone, Tramadol, Gabapentin, and Nortriptyline which are not helping the sciatica or peripheral neuropathy. Exam showed right hip tenderness with normal strength; lumbar spine without tenderness, swelling or edema; Initial exam was not able to move whatsoever; however, when had rectal exam, was able to ambulate and lean over without trouble; DTRs 2+ symmetrical; normal SLR; normal gait; and normal strength. Treatment plan included medications. EMG/NCV of the lower extremities was normal on 3/12/14. Report of 12/5/13 from the provider noted patient with continuous low back pain radiating to legs and feet with some weakness, difficulty sleeping and maintaining erection. Past medical history include Hepatitis C (tattooing), arthritis and neuropathy diagnosed in 2011. Exam showed tenderness and lumbar spasm with limited range with intact motor strength, decreased sensation right L5 with negative SLR and Lasegue bilaterally. Request for lumbar traction unit above was non-certified on 1/17/14 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:

**LUMBAR TRACTION UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS/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. According to the Official Disability Guidelines (ODG), 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 not seen here. 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 lumbar traction unit. Therefore, the request for a lumbar traction unit is not medically necessary and appropriate.