

<b>Case Number:</b>	CM14-0074656		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/25/1980
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 58-year-old gentleman with a date of injury of 2/25/80. The reported mechanism of injury was cumulative trauma from long history of work as a police officer for the [REDACTED]. The patient has knee injury and low back injury. He has a history of multiple knee reconstruction surgeries and most recently had a TKA of the left knee on 6/06/14. The patient has also had extensive care for diagnoses of lumbar sprain/strain, L5-S1 6 mm HNP with S1 nerve root impingement, and right lower extremity radiculopathy. Care has consisted of medication management, therapy, and modified activity. Recently, the patient had intra-articular facet joint injections at bilateral L4-5/L5-S1 on 3/06/14, and on 5/29/14, ESI was done. It is noted that prior spine specialists have recommended 3-level interbody fusion, but the patient would like to avoid this. The patient has electrodiagnostics that reportedly reflect a chronic left L5 and chronic right S1 radiculopathy. MRI shows multilevel DDD and facet arthropathy. Lumbar discogram is positive at L4-5. On 4/18/14, request was made for a lumbar traction unit, stating that the MTUS states that this is appropriate if pain is ineffectively controlled. The page number or quote from the MTUS is not supplied. This was submitted to Utilization Review with an adverse determination rendered on 4/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar home 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- Low Back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

**Decision rationale:** MTUS/ACOEM Guidelines do not recommend use of lumbar traction for acute, subacute or chronic low back pain as the evidence is insufficient to support using vertebral axial decompression for low back injuries. There are no current evidence based clinical studies that provide evidence that refutes this long standing recommendation by ACOEM. Therefore, the request for lumbar home traction unit is not medically necessary and appropriate.