

<b>Case Number:</b>	CM14-0075458		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/17/1999
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Nevada. 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 54-year-old male who was reportedly injured on November 17, 1999. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 29, 2014, indicated that there were ongoing complaints of low back pain rated as 8/10. The physical examination demonstrated a 5'10", 200 pound individual who is normotensive. There was tenderness to palpation and lumbosacral muscle spasm noted. Straight leg raising was reported to be negative. Diagnostic imaging studies reportedly noted a spondylolisthesis. Previous treatment included multiple medications and other conservative interventions. A request was made for home traction unit and was not certified in the pre-authorization process on April 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home traction unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-303.

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

**Decision rationale:** A review of the literature clearly indicates that such a device is not recommended for acute, subacute or chronic low back pain. There is insufficient clinical

information presented to suggest the efficacy of such a device. There is nothing in the progress note to suggest any efficacy with a trial of this device. Therefore, this is not medically necessary.