

<b>Case Number:</b>	CM14-0044385		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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, has a subspecialty in Interventional Spine 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 37-year-old male with a date of injury of 09/06/2013. According to progress report 01/29/2014, the patient presents with neck, bilateral shoulder, and low back pain. Examination of the cervical spine revealed spasm and tenderness over the paravertebral musculature with decreased range on all planes. There was decreased muscle strength in the bilateral deltoid (C5). There was decreased sensory in the bilateral middle finger, C7. Examination of the bilateral shoulders revealed tenderness around the shoulder blades and impingement sign was positive bilaterally. Examination of the lumbar spine revealed tenderness and spasm in the paravertebral muscle and the spinous processes. The patient was able to toe and heel walk, but with pain. There is decreased sensation in the L4 and L5 distribution. Radiographic images of the lumbar spine were obtained, results were unremarkable. The listed diagnoses are: 1. Lumbar sprain/strain, rule out radiculopathy. 2. Cervical sprain/strain rule out radiculopathy. 3. Shoulder sprain/strain rule out tendinitis/bursitis. The provider is requesting authorization for purchase of lumbar traction unit to increase range of motion and functional capacity status. Utilization review denied the request on 03/06/2014. Treatment reports from 10/17/2013 through 01/29/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Traction Unit for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

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

**Decision rationale:** This patient presents with neck, low back, and bilateral shoulder complaints. The current request is for lumbar traction unit for purchase, per report 01/29/2014. The ACOEM Guidelines page 300 states the following regarding lumbar traction, "traction has not been proven 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." Lumbar decompressive therapy or traction units are not supported by ACOEM Guidelines for the treatment of low back pain. The lumbar traction unit for purchase is not medically necessary.