

<b>Case Number:</b>	CM15-0100930		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old male who sustained a work related injury November 8, 2012. Past history included cervical fusion, 2013. According to a primary treating physician's progress report, dated April 22, 2015, the injured worker presented with continued lower back and cervical pain. He had a flare-up a few weeks ago, picking something up, and has been walking side-ways to the right, for the last few days. He has to lie down to relieve the discomfort and is using ice packs. He is interested in getting a traction unit for the lower back as the one he has for his neck, helps a lot. The right lower back pain radiates into the right hip/buttocks. He takes Morphine and Diazepam as needed. Physical examination of the lumbar spine revealed; range of motion limited to forward flexion 50 degrees and extension 10 degrees with focal tenderness to palpation of the right paravertebral muscles, right sacroiliac joints, and palpable spasms. Assessments are documented as lumbar spondylosis without myelopathy; thoracic/lumbar radiculitis/neuritis; degenerative disc disease, arthritis, cervical spine; brachial neuritis or radiculitis not otherwise specified. Treatment plan included heat/ice to affected area, rehab exercises and stretches, and administration of 3 focal right sided trigger point injections to the lumbar spine, with significant relief noted. At issue, is the request for authorization for a home lumbar traction unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME lumbar traction unit for (home use): Upheld**

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

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

**Decision rationale:** Per 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. Per 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. 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. The DME lumbar traction unit for (home use) is not medically necessary and appropriate.