

<b>Case Number:</b>	CM15-0105290		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	12/12/1989
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 70 year old female, who sustained an industrial injury on 12/12/89. She reported pain in the right shoulder and lower back. The injured worker was diagnosed as having reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome and lumbago. Treatment to date has included a spinal cord stimulator, physical therapy, Hydrocodone, OxyContin, Lyrica, Trazodone, Lidoderm patch and topical pain creams. As of the PR2 dated 4/14/15, the injured worker reports 6/10 pain in her right shoulder and upper extremity. She also reports chronic low back pain. Objective findings include normal thoracolumbar range of motion and normal gait. The treating physician requested a lumbar traction unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 traction unit:** Upheld

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

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

**Decision rationale:** The ACOEM chapter on low back pain states: 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. The requested service is not recommended in the treatment of the patient's low back pain and therefore the request is not medically necessary.