

<b>Case Number:</b>	CM15-0137668		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	06/16/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old woman sustained an industrial injury on 6-16-2014. The mechanism of injury is not detailed. Diagnoses include lumbar spine sprain-strain. Treatment has included oral and topical medications, heat, interferential nerve stimulation, manual therapy, therapeutic exercise ultrasound, and physical therapy. Physician notes dated 6-26-2015 show complaints of cervical spine pain with radiation down the bilateral legs. Recommendations include continue current medications regimen and lumbar traction unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of lumbar 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home inversion table and Traction.

**Decision rationale:** Regarding the request for purchase of a lumbar traction unit, Occupational Medicine Practice Guidelines state traction has not been proved effective for lasting relief in treating low back pain. ODG states traction 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. Within the information made available for review, there is no indication that the requested lumbar traction unit is a patient controlled device and that it will be used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. In the absence of such documentation, the currently requested purchase of a lumbar traction unit is not medically necessary.