

<b>Case Number:</b>	CM15-0032913		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	01/26/2001
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Emergency Medicine

### 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 62-year-old female, with a reported date of injury of 01-26-2001. The diagnoses include depressive disorder, chronic pain syndrome, lumbar herniated disc, and fibromyalgia and myofascial pain. The medical report dated 01-27-2015 indicates that the injured worker had a long history of chronic back pain and symptomatic lumbar disc disease. The physical examination showed symptomatic painful trigger point in the right lower lumbar paraspinous region. The medical report dated 10-31-2014 indicates that the injured worker reported that her back was becoming more painful and stiff. The physical examination showed paraspinous tenderness and spasms in the lumbar region. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included lumbar epidural steroid injection on 12-12-2014, Ibuprofen, Tramadol, acupuncture, physical therapy, and trigger point injections. The request for authorization was dated 02-04-2015. The treating physician requested home traction for the lumbar spine. On 02-09-2015, Utilization Review (UR) non-certified the request for home traction for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Traction x1 for lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The requested Home Traction x1 for lumbar spine is not medically necessary. ACOEM Practice Guidelines Plus, Low Back Complaints: Clinical Measures. Traction, Page 300, noted: "Traction is Not Recommended for Lumbar Spine disorders (Moderate Evidence (B)): Traction is not recommended for the treatment of low back disorders." The injured worker reported that her back was becoming more painful and stiff. The physical examination showed paraspinal tenderness and spasms in the lumbar region. The treating physician has not documented the medical necessity for this treatment option as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Home Traction x1 for lumbar spine is not medically necessary.