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| <b>Case Number:</b>   | CM14-0209310 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 09/17/2012 |
| <b>Decision Date:</b> | 02/13/2015   | <b>UR Denial Date:</b>       | 12/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/15/2014 |

### 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 Rehab, 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 50 year-old male with a 2/13/12 date of injury. According to the 11/6/14 report, the patient presents with worsening neck, low back and left shoulder pain. She has authorization for a left shoulder surgery, but it has not been scheduled. On exam lumbar spine reveals tenderness in the paraspinals. 5 medical reports and multiple therapy notes were provided for review from 3/17/14 through 11/6/14. On 12/04/14 utilization review denied a lumbar traction system between 12/2/14 and 1/16/15 because the physician did not specify whether the traction system is a powered device or gravity traction as suggested in the ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Traction System:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 11th Edition 2014, Low Back and Traction

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Traction

**Decision rationale:** The ODG-TWC guidelines Low Back Section for Traction states: 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. The physician has requested a lumbar traction system but has not provided a clear description of the traction device. The ODG guidelines allow for gravity traction, but not for powered traction devices, and not the pneumatic Orthotrak vest. Without a detailed description of the type of traction system requested, it is not known if the request is in accordance with the ODG guidelines. The unspecified lumbar traction system cannot be confirmed to be in accordance with ODG guidelines. Based on the information provided, the request for the Lumbar Traction System is not medically necessary.