

<b>Case Number:</b>	CM15-0014136		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	01/02/2008
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Texas, California  
 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:

This is a 61-year-old female patient, who sustained an industrial injury on 1/2/08. The diagnoses have included chronic low back pain due to significant kyphoscoliosis and retrolisthesis of L2 on L3. Per the doctor's note dated 11/13/14, she had complaints of chronic low back pain. The documentation noted that she describes the pain as a "pinching" when she climbs stairs, enters and exits her car and gets dressed. The physical examination revealed lumbar kyphosis, range of motion- flexion 85, extension 5, bilateral side bending 5, right rotation 30 and left rotation 40 degrees, negative straight leg raising test. The current medications list is not specified in the records provided. Her last Magnetic Resonance Imaging (MRI) was in 12/2008. Prior diagnostic study reports were not specified in the records provided. She has had physical therapy visits for this injury. According to the utilization review performed on 1/8/15, the requested Lumbar inversion unit has been non-certified. The ODG lumbar, traction was used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar inversion unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Lumbar, Traction

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 300 Physical methods. Decision based on Non-MTUS Citation Chapter: Low Back (updated 03/03/15) Traction

**Decision rationale:** Request: Lumbar inversion unit. Per the cited guidelines, 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. In addition, per the ODG, regarding traction 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. The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability, or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. Therefore, there is no high-grade scientific evidence to support the lumbar inversion unit for this diagnosis. Response to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. The medical necessity of lumbar inversion unit is not fully established for this patient.