

<b>Case Number:</b>	CM15-0118267		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	01/25/2015
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old male, who sustained an industrial injury on 1/25/15. He reported low back pain. The injured worker was diagnosed as having low back pain. Treatment to date has included physical therapy and medication including Ibuprofen and Motrin. A physician's report dated 5/20/15 noted the injured worker tried a lumbar traction unit in physical therapy which decreased back pain and low back tightness. Currently, the injured worker complains of low back pain that radiates to the right buttocks to the lateral thigh and knee. The treating physician requested authorization for the purchase of a home lumbosacral traction unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home lumbosacral traction unit, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** According to MTUS guidelines, there is no strong evidence supporting the use of traction in lumbar disorders. The medical records state the injured worker has a lumbar pain. Therefore, the request for home lumbosacral traction unit purchase is not medically necessary.