

<b>Case Number:</b>	CM15-0127448		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	11/06/2008
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 74 year old male, who sustained an industrial injury on 11/6/2008. He reported falling about sixteen feet, injuring his neck and mid and lower back. Diagnoses have included lumbago, bilateral leg sciatica and cervicalgia. Treatment to date has included physical therapy and Voltaren gel. According to the progress report dated 6/17/2015, the injured worker complained of improved neck pain and ongoing low back pain. The injured worker had received a cervical traction unit and was using it at least twice per day. This was reducing his neck pain. Exam of the lumbar spine revealed paraspinous muscle spasms and tenderness. Straight leg raising caused leg discomfort. There was muscle spasm and guarding. He had pain with direct palpation at the left L4-5 facet. The injured worker did not take any oral medications for pain or inflammation. Authorization was requested for a lumbar traction unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar traction unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Traction.

**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-traction.

**Decision rationale:** Lumbar traction unit is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that traction has not been proved effective for lasting relief in treating low back pain. The ODG does not recommend 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 guidelines indicate that traction is not proven effective long term for low back pain therefore the request for a lumbar traction unit therefore this request is not medically necessary.