

<b>Case Number:</b>	CM15-0169628		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Physical Medicine & Rehabilitation

### 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 58 year old female who sustained an industrial injury on 03-01-2012. Medical records indicated the worker was treated for lumbar sprain-strain and lumbar myofasciitis. In the provider notes of 08-07-2015, the injured worker complains of throbbing low back pain rated a 5 on a scale of 0-10 and associated with prolonged sitting. She gets relief from the pain with medications. On examination, there was paravertebral lumbar tenderness and spasms. There was no bruising, swelling, atrophy or lesion present at the lumbar spine and toe-heel walk is intact. Lumbar flexion was 50 degrees out of possible 60 degrees. Extension, left and right lateral bending had no deficit. Treatment plans included diagnostic testing for the lumbar spine, a referral to pain management, chiropractic care, physiotherapy, and a home traction system. A request for authorization was submitted for Lumbar traction system (30-day rental). A utilization review decision 08-17-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar traction system (30 day rental): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Traction.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Traction.

**Decision rationale:** The patient presents with low back pain radiating to bilateral lower extremity. The request is for Lumbar traction system (30-day rental). The request for authorization is not provided. Patient's diagnosis include lumbar myofascitis and lumbar sprain/strain. Physical examination of the lumbar spine reveals decreased range of motion. There is tenderness to palpation and spasm of the lumbar paravertebral muscles. Nachlas is positive bilaterally. Relief from medications. Patient's medications include Cyclobenzaprine, Ibuprofen, and Omeprazole. Per work status report dated 08/07/15, the patient is placed on temporary total disability. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, Low Back Complaints, page 300, under Physical Methods states: 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. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under 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. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Treater does not discuss the request. In this case, the patient continues with low back pain radiating to bilateral lower extremity. The treater has requested a lumbar traction system but has not provided a clear description of the traction device or if it will be used as an adjunct to a program of evidence-based conservative care, as indicated by ODG. Furthermore, MTUS/ACOEM guidelines state lumbar traction is not recommended, and states lumbar traction has not been proved effective for lasting relief in treating low back pain. Therefore, the request IS NOT medically necessary.