

<b>Case Number:</b>	CM13-0006168		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	09/15/2009
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management, 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 56-year-old with a date of injury of 09/15/2009. The listed diagnoses per [REDACTED], dated 06/27/2013, are: 1) status post L4-L5 and L5-S1 total disk arthroplasty; 2) bilateral sacroiliac joint dysfunction, status post RFA; 3) L3-L4 annular bulge with mild central stenosis and ligamentum flavum changes; 4) hypertension; 5) status post C5-C7 ACDF; 6) T6-T7 and T11-T12 disk protrusion with thoracic facet syndrome, status post RFA; 7) chronic pain; 8) reactive depression. According to report dated 06/27/2013 by [REDACTED], the patient presents with cervical, thoracic, and lumbar pain. The pain is described as burning in the left periscapular region. She rates her back pain as a 9/10, her neck pain as an 8/10, and her shoulder pain as an 8/10. Patient states that pain is relieved best with lying down. Physical examination shows well-healed anterior cervical incision. Patient is noted to continue to have positive straight leg raise. Upper and lower extremities are grossly motor intact. Patient is requesting an inversion table for back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEETER HANG UP IN VERSION TABLE E1399:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The patient presents with chronic cervical, thoracic, and lumbar pain. The treating provider is requesting a Teeter Hang Up inversion table. The MTUS, ACOEM, and ODG guidelines do not specifically discuss inversion tables; however, ODG has a section that addresses "traction." Under the traction guideline, it states "not recommended using power 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 proven effective for lasting relief in the treatment of low back pain. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues." In this case, review of the progress reports dated 03/07/2013 to 10/10/2013 indicate that the patient has been prescribed physical therapy in the past. However, there are no physical therapy reports or indications that a conservative care is prescribed in adjunct with the Teeter Hang Up inversion table to achieve "functional restoration" as recommended by ODG. The request for a teeter hang up inversion table is not medically necessary or appropriate.