

Case Number:	CM13-0016895		
Date Assigned:	12/27/2013	Date of Injury:	11/25/1997
Decision Date:	03/17/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 61 year-old male with an 11/25/1997 industrial injury claim. He has been diagnosed with nonallopathic lesion of the lumbar region, myalgia, nonallowpathic lesion of the sacral region, nonallopathic lesion of the pelvic region, late effects of strain/sprain without tendon injury, back pain and generalized anterior knee pain. The IMR application shows a dispute with the 7/26/13 utilization review decision. The 7/26/13 utilization review letter is by [REDACTED] and recommends non-certification of a home inversion table.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Inversion table: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter

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

Decision rationale: The home inversion table is a form of traction. The California MTUS/ACOEM topics, chapter 12 for the low back specifically states lumbar traction is not

recommended. The request for home inversion table is not in accordance with MTUS/ACOEM guidelines.