MAXIMUS Federal Services

Case Number:	CM13-0019608		
Date Assigned:	10/11/2013	Date of Injury:	02/27/2012
Decision Date:	02/24/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

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 Occupational Medicine 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 30 year old male who was injured on 2/27/2012. The patient had a low back injury after heavy lifting. The patient's treatment to date has included 18 chiropractic sessions, physical therapy, medications, and activity modification. The patient has persistent low back pain radiating to bilateral legs. There are no neurological findings in the lower extremity as of August 8, 2013. There is restricted lumbar range of motion. There is a request for an inversion table for a one-month trial. An MRI dated May 3, 2012 indicates L4 - 5 central disc protrusion

IMR ISSUES, DECISIONS AND RATIONALES

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

A DME Inversion Table, 1 month trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter).

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) Back, Traction, Inversion Therapy.

Decision rationale: MTUS does not recommend passive therapy such as traction on page 300 of the ACOEM. Traction has not been proven 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. Inversion tables, as per ODG, are a form of traction. Both MTUS and ODG do not recommend traction for low back pain. In addition, this patient appears to have normal exams except for range of motion. There is no indication for traction in helping range of motion. Therefore, as the guides do not recommend traction, the inversion table is not medically necessary.