

<b>Case Number:</b>	CM13-0031233		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/02/2008
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This patient is a 60 year-old with a date of injury of 01/02/08. The mechanism of injury was described as an industrial injury. The most recent progress note included by [REDACTED], dated 08/27/13, identified subjective complaints of chronic low back pain. Objective findings included marked fixed lumbar kyphosis and a reduced range of motion. No diagnostic studies are provided. Diagnoses indicate that the patient has "lumbar degenerative disc disease with scoliosis, kyphosis and a retrolisthesis". Treatment has included physical therapy. Treatment now recommended is a home traction unit 90/90 inversion for the lumbar spine. A Utilization Review determination was rendered on 09/10/13 recommending non-certification of "DME- inversion table".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. DME- inversion table:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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:** The California Medical Treatment Utilization Schedule (MTUS) 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." The Official Disability Guidelines (ODG) state: "The evidence suggests that any form of traction may not be effective." Therefore, there is no necessity for traction through an inversion table.