

Case Number:	CM13-0031737		
Date Assigned:	12/11/2013	Date of Injury:	04/15/2013
Decision Date:	05/30/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/04/2013

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 Orthopedic Surgery, and is licensed to practice in Arizona. 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:

This patient is a 33-year-old male who was involved in a rear end collision on 4/15/2013. As result of the accident, the patient sustained injuries to his low back, cervical spine, and left knee. The neck pain radiates down into both shoulders and there is tingling and numbness in the hands and fingers, it is worse on the right. There is low back pain with numbness in the posterior gluteal area and occasional pain and numbness in the legs. There is left knee pain and it occasionally gives way. Physical examination revealed a decrease in spinal motion. Spurling test was negative. There was no motor or sensory deficit in the upper or lower extremities. Straight leg raise was negative. The patient was taking Tylenol 3 Flexeril Motrin and tramadol. Physical therapy helped to increase spinal mobility but only had a temporary effect on pain control. A recommendation was made for an interferential (IF) unit at home and an inversion table.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERENTIAL (IF) UNIT RENTAL X 5 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: The MTUS guidelines state the indications for using a transcutaneous electric nerve stimulation (TENS) unit and chronic intractable pain are: 1. Documentation of at least 3 months of pain, 2. There is evidence of other appropriate pain modalities have been tried, 3. A 1 month trial of the TENS unit should be documented including how often the unit was used and what the outcomes were. 4. Other ongoing pain treatment should also be documented. Since the request is for a five-month rental, the medical necessity of this request has not been established.

INVERSION TABLE FOR HOME USE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC - HOME INVERSION TABLES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49. Decision based on Non-MTUS Citation DISABILITY GUIDELINES (ODG).

Decision rationale: The MTUS guidelines do not recommend traction as an initial treatment modality. The ODG states that home-based gravity traction may be a noninvasive conservative option, however, it must be used in conjunction with an evidence based conservative care program to achieve functional restoration. As a sole treatment traction it has not proved effective for lasting relief and the treatment of low back pain. There is no documentation that the home inversion system will be an adjunct to an evidence-based conservative care program to achieve functional restoration. Therefore, medical necessity of an inversion table has not been established.