

<b>Case Number:</b>	CM13-0034604		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/26/2012
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Orthopedic Surgery, 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:

This claimant is a 68-year-old gentleman injured in a work-related accident on May 26, 2012. Clinical records for review included a November 5, 2013 assessment by [REDACTED] documenting ongoing complaints of pain in the low back that had increased over the past week. [REDACTED] described a medication regimen including tramadol, Motrin, and Prilosec. He documented that the claimant had radiating pain down the left lower extremity to the foot. Objective examination noted "tenderness over the sciatic notch." Imaging reports included a previous MRI from 07/12/12 that showed multilevel disc bulging with lumbar spondylosis. Recommendations at that time were for continuation of medication agents, the use of a TENS unit, and restricted work status. There was also a clinical request for continuation of physical therapy for eight sessions for specific use of an inversion table for the lumbar region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (PT) times 8 visits for trial use of inversion table for lumbar area:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG); Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Traction.

**Decision rationale:** Based on California MTUS Chronic Pain 2009 Guidelines and supported by Official Disability Guideline criteria, the request for eight sessions of physical therapy for the trial use of an inversion table would not be indicated. In the chronic setting, physical therapy is only indicated to help control swelling and pain in the inflammatory process. At this stage in the claimant clinical course of care, he is now greater than a year and a half from the time of injury with no documentation of functional deficit noted on examination. The continued role of physical therapy at this stage in the claimant's chronic course of care would thus not be supported. This would include the use of an inversion table for the purpose of physical therapy as well.