

<b>Case Number:</b>	CM13-0054894		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/07/1999
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Anesthesiology 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 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 48-year-old male with a date of injury of 01/07/1999. The patients' diagnoses include thoracic strain and radiculopathy. There is a report of severe spine pain and muscle spasm, fatigue, lack of energy and low back pain with radiation to bilateral lower extremities.

### 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 ACOEM Page(s): 173-174.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 173, 300, 308, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic, Inversion Table, Traction.

**Decision rationale:** An Inversion Table is a medical equipment device which allows for gravity assisted traction. The MTUS is silent on the specific topic of Inversion Tables, however, in general the recommendation for home exercise and resistance activities is with or without mechanical assistance. Traction has not been proven effective for lasting relief in back pain treatment. It is not recommended according to the Occupational Medicine Practice Guidelines. The ODG recommends traction in the form of home-based patient controlled gravity traction

when used in conjunction with an evidenced-based program with a goal of functional restoration. There is no clearly documented evidence of a plan for utilization of an Inversion Table in conjunction with a goal-driven functional restoration program. Traction as a sole therapy has not proven efficacious in the long term treatment of low back pain. Therefore, the above listed issue is considered to be NOT medically necessary.