

Case Number:	CM13-0066710		
Date Assigned:	05/07/2014	Date of Injury:	05/20/2013
Decision Date:	07/09/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 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:

The patient is a 54-year-old male who has submitted a claim for lumbago associated with an industrial injury date of May 20, 2013. The patient complains of neck, bilateral arm (left more than the right), shoulder, low back and right leg pain. Lower extremity examination showed slightly weak right plantar and dorsiflexors rated 4+/5; diminished sensation at the L4 distribution on the right leg; and a positive straight leg raise at 40 degrees with generation of low back pain. Upper extremity examination showed slightly weak left biceps and triceps rated 4+/5. MRI of the lumbar spine obtained on July 2, 2013 revealed significant disc damage at L3-L4 and a herniation at the level of L4-L5. MRI of the cervical spine was also done revealing significant disc damage and collapse and herniation at the levels of C4-C5 and C5-C6. There is also a smaller herniation at the level of C6-C7. The diagnoses were cervical herniated disc and lumbar herniated disc. A Teeter inversion unit for home use was requested. The patient have tried using this equipment and reports improvement of symptoms with its use. Also, additional physical therapy sessions were requested based on a progress report April 4, 2014. Treatment to date has included oral and topical analgesics, muscle relaxants, home exercises, physical therapy, chiropractic care with massage, spine traction and lumbar Epidural Steroid Injection. Utilization review from November 26, 2013 denied the request for 1 Teeter Inversion Unit because it is not a traction device, and no support for a Teeter inversion unit could be found. There was also no indication that the patient is still in physical therapy or is participating in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TEETER INVERSION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Traction; Knee and Leg Chapter, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG recommends a home-based patient controlled gravity traction as a noninvasive conservative option, when used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. The ODG Knee and Leg Chapter indicates that durable medical equipment is generally recommended when there is a medical need. A durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. In this case, a Teeter inversion unit was requested. The patient have tried using the equipment and reported symptom improvement. The 11/7/13 medical report, when the teeter unit was requested simply stated that the patient had "tried inversion table called a teeter unit, and it has really helped his back". Exam findings were simply stated as "no significant change". The provider requested authorization for the teeter inversion unit "so he can stretch his low back and decompress at home". The provider added that it "may be quite helpful". The provider failed to document the circumstances under which the patient had used a teeter unit, how often he had used this unit and to what extent it had resulted in significant, quantifiable functional benefit. In addition, it doesn't appear that the provider is familiar with this DME. Moreover, the exam findings showed no significant change to suggest that the teeter inversion unit resulted in improved clinical findings. The requested equipment meets the definition of a DME, and may actually benefit the patient. However, there was no evidence of measurable objective functional gains from its prior use. Moreover, the request did not state whether the requested unit was for rental or purchase. Information is lacking, and the request was not specific. Therefore, the request for 1 Teeter Inversion Unit is not medically necessary.