MAXIMUS Federal Services

Case Number:	CM13-0069487		
Date Assigned:	01/03/2014	Date of Injury:	03/23/2008
Decision Date:	05/23/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine & Rehabilitation 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 injured worker is a 40-year-old male who reported an injury on 03/23/2008. The mechanism of injury is unknown. As per the clinical note dated 11/01/2013, the worker complained of left knee pain with clicking and popping, constant low back pain with numbness and tingling of the left leg, weakness of the left leg with occasional giving out as well as left thigh pain. The injured worker's medication regimen included Ibuprofen, for inflammation. The injured worker had not been attending physical therapy. The injured worker rated his pain at a 3/10 without medication and 1/10 with medication. The physical examination showed tenderness over the posterior superior iliac spine bilaterally. The injured worker underwent an MRI (magnetic resonance imaging) of the lumbar spine on 10/29/2013 which showed lumbar vertebral body heights were well-maintained. There was no acute fracture or suspicious osseous lesion, no spondylolysis, loss of intervertebral disk space height is noted at the lumbosacral junction. The clinical note documented diagnoses of lateral meniscus tear, status post arthroscopy of the left knee, disc bulge L5-S1, and musculoligamentous sprain of the lumbar spine with left lower extremity. The request for authorization for the request was not submitted. The provider recommended an Inversion table for home use for temporary nerve decompression for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 WEEK TRIAL OF AN INVERSION TABLE ([redacted]) BETWEEN 11/1/2013 AND 3/15/2014: Upheld

Claims Administrator 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 - Lumbar & Thoracic (acute & chronic).

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 - Lumbar & Thoracic (acute & chronic).

Decision rationale: The injured worker complained of left knee pain with clicking and popping with constant low back pain with numbness and tingling of the left leg with weakness and occasional giving out. The ACOEM states traction has not been proven effective for lasting relief in treating low back pain. Evidence is insufficient to support using vertebral axial decompression for treating low back injuries; therefore, it is not recommended. Traction is not recommended for treatment of acute, subacute or chronic low back pain or radicular pain syndromes. Traction is theoretically used to relieve muscle spasm, stretch muscles and reduce pressure. The injured worker complained of constant low back pain with symptoms of numbness and weakness and giving out of the left leg which were more consistent with radiculopathy. The ACOEM Guidelines state not traction is not recommended; therefore, the requested use for nerve decompression is not supported. As such, the request for a 12 week trial of an Inversion table is non-certified.