MAXIMUS Federal Services

Case Number:	CM13-0069534		
Date Assigned:	01/03/2014	Date of Injury:	06/20/2012
Decision Date:	08/07/2014	UR Denial Date:	11/25/2013
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 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and chiropractic manipulative therapy; and interventional spine injections. In a Utilization Review Report dated November 25, 2013, the claims administrator did not grant a request for an inversion table (traction device). The applicant's attorney subsequently appealed. In a chiropractic progress note dated October 9, 2013, the applicant was described as having persistent complaints of low back pain. A 25-pound lifting limitation was endorsed. The applicant was using Lidoderm, Lyrica, hydrocodone, and Ultram. It was not clearly stated whether the applicant was working or not. On September 17, 2013, the applicant was again described as having persistent complaints of low back pain despite ongoing medication usage. The applicant was asked to continue chiropractic manipulative therapy. It was not clearly stated whether the applicant was working or not. On November 14, 2013, the attending provider sought authorization for purchase of an inversion table (traction table). The applicant was again given a 25-pound lifting limitation. The attending provider did not state whether the applicant was working or not. It was stated that the purpose of the inversion table was to replace chiropractic manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion Table.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, the proposed inversion table (aka traction) has been deemed not recommended. It is further noted that the request for the inversion table was sought without any evidence of a successful trial of the same. While the applicant appears to have received traction and other modality during chiropractic manipulative therapy, there is likewise no concrete evidence of functional improvement as defined in the California MTUS despite completion of the same. The applicant did not appear to have returned to work. A rather proscriptive 25-pound lifting limitation remains in place, despite previous traction performed in the clinic setting. The applicant remains highly reliant and highly dependent on various medications, including Lidoderm, Lyrica, Voltaren, Norco, and Ultracet. Therefore, the request is not medically necessary.