

Case Number:	CM14-0000435		
Date Assigned:	01/10/2014	Date of Injury:	11/07/2010
Decision Date:	04/01/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Practice, and is licensed to practice in Texas. 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:

The patient is a 56-year-old male who reported an injury on 11/07/2010 when he pushed a 200 pound object that caused an immediate onset of low back pain. The patient's treatment history included physical therapy, acupuncture, chiropractic care, corticosteroid injections, epidural steroid injections, and medications. The patient's most recent clinical documentation noted that the patient had tenderness to palpation and muscle spasming along the paravertebral musculature with restricted range of motion secondary to pain. The patient's diagnoses included lumbar disc herniation without myelopathy, lumbar degenerative joint disc disease, lumbar myalgia, lumbar myospasm, and lumbar neuritis/radiculitis. The patient's treatment plan included psychological screening, x-rays of the lumbar spine, electrodiagnostic studies, and the purchase of an inversion table for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an inversion table for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment (DME).

Decision rationale: The requested purchase of an inversion table for home use is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine states that traction has not been supported by scientific evidence and that traction does not provide lasting benefit to low back pain; therefore it is not recommended. The clinical documentation does indicate that the patient has previously used an inversion table that did provide some pain relief. Official Disability Guidelines recommend durable medical equipment on a rental basis. Although the patient has attempted this type of therapy with some benefit, purchase of an inversion table would not be supported by guideline recommendations as traction is not recommended by the American College of Occupational and Environmental Medicine and the purchase of durable medical equipment is not recommended by Official Disability Guidelines. As such, the requested purchase of an inversion table for home use is not medically necessary or appropriate.