

Case Number:	CM14-0001720		
Date Assigned:	01/22/2014	Date of Injury:	02/15/2012
Decision Date:	06/02/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/06/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 case involves a 51-year-old male, who performed long hours of sitting as part of his occupation of driving a vehicle that occurred from 11/01/05 to 02/13/12. Since initially reporting discomfort in Feb of 2012, he has numerous musculoskeletal issues that have been addressed. Since the request directly reflects a means of treating the patient's lower back complaint, will focus the summary of symptoms, physical examination findings and treatment plan to this area. The patient has complained of back pain since February of 2012. Since then, he has been seen multiple times for this particular issue, and has had physical therapy and epidural steroid injections. On progress reported dated 9/16/13, the patient reported his pain as 6/10 with constant stiffness in his low back. On physical examination he is found to have lumbar "flexion 60/90, extension 5/10, rotation bilateral 20/30 and lateral bending - decrease/wnl". He is currently taking a selective Cox II inhibitor (Celebrex) and Nucynta for pain management and a request for a left sided trans-foraminal epidural steroid injection at L4-L5 are planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

INVERSION TABLE TRIAL FOR TWO (2) WEEKS FOR THE LOW BACK:

Overturned

Claims Administrator guideline: based its decision on the MTUS LOW BACK COMPLAINTS, ACOEM, OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, PAGE 298-301. The Claims Administrator also based its decision on the non-MTUS Citation: OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK (UPDATED 12/04/13), TRACTION.

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 - LUMBAR & THORACIC (ACUTE & CHRONIC), TRACTION.

Decision rationale: The Official Disability Guidelines indicate that inversion treatment (Traction) is not recommended using powered traction devices, but home-based patient controlled gravity traction may be a non-invasive conservative option, if used as an addition to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. With the patient monitored for functional improvement, undergoing other treatments as part of a comprehensive means of addressing his low back (lumbar) pain, I find that the request for a two-week trial of inversion therapy has merit and is therefore authorized.