

Case Number:	CM14-0001895		
Date Assigned:	01/24/2014	Date of Injury:	04/16/2008
Decision Date:	12/12/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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 Family 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:

This injured worker's date of injury is 04/16/2008. Medical records regarding the original injury were not provided. This patient receives treatment for chronic bilateral knee pain and low back pain. The patient received Gabapentin, Tramadol, Naproxen, and Hydrocodone for pain. The patient received a lower back corset as well. The patient underwent a partial meniscectomy of the left knee. The patient received Pulsar chiropractic treatments. The medical diagnoses include: degenerative joint disease knees, lumbar spondylosis, and lumbar spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME INVERSION TABLE, PURCHASE: 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 Pain, Traction

Decision rationale: The treatment guidelines specifically state that traction is not recommended for the treatment of low back pain. The reason given is that clinical trials do not show that

traction is effective in providing lasting relief from back pain. The Home Inversion Table is not medically indicated.