

Case Number:	CM14-0010842		
Date Assigned:	02/21/2014	Date of Injury:	07/11/2012
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 is a male patient with the date of injury of July 11, 2012. A utilization review determination dated January 16, 2014 recommends non-certification of purchase of an inversion table and lumbar traction unit. The previous reviewing physician recommended non-certification of purchase of an inversion table and lumbar traction unit due to lack of documentation of an indication that such treatment will be in a home unsupervised. An Office Note dated January 7, 2014 identifies the patient has ongoing back pain that remains unchanged. The patient is unsure about moving forward with surgery so the use of lumbar traction to help stretch him and take pressure off. Authorization was requested for an inversion table that he can use at home to stretch his back.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Inversion Therapy.

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 Chapter, Home inversion table and Traction

Decision rationale: Regarding the request for purchase of an inversion table, Occupational Medicine Practice Guidelines state traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back pain injuries, it is not recommended. ODG states traction is not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. Within the information made available for review, there is no indication that the requested inversion table is a patient controlled device and that it will be used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. In the absence of such documentation, the currently requested purchase of an inversion table is not medically necessary.

PURCHASE OF A LUMBAR TRACTION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home inversion table and 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 Chapter, Home inversion table and Traction

Decision rationale: Regarding the request for purchase of a lumbar traction unit, Occupational Medicine Practice Guidelines state traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back pain injuries, it is not recommended. ODG states traction is not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. Within the information made available for review, there is no indication that the requested lumbar traction unit is a patient controlled device and that it will be used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. In the absence of such documentation, the currently requested purchase of a lumbar traction unit is not medically necessary.