

<b>Case Number:</b>	CM14-0016958		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	08/09/1999
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Sports Medicine 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 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 patient is a 55-year-old male who reported an injury on 08/09/1999. The mechanism of injury was lifting. His course of treatment to date is unclear; however, his low back pain has been chronic, which has led him to seek pain management and psychological care. An MRI of the lumbar spine was obtained on 10/20/2011 and revealed 3 mm to 4 mm disc bulges at L4-5, and a 5 mm bulge at L5-S1. There was mild to moderate central canal narrowing at L4-5 with facet hypertrophy and mild neural foraminal narrowing. This showed a progression from a previous study dated 01/20/2001. It was noted in the most recent clinical note dated 12/20/2013, that the patient is reluctant to proceed with any surgical interventions or injections. The patient has only been utilizing medication management and reports that his average pain levels are 9/10. It was also noted that the patient was referred for a medical weight loss program and has history of consistent urine drug screens. He was referred for an orthopedic surgery consult to discuss possible surgical options. The surgical consult dated 12/02/2013 revealed tenderness over the sciatic notches bilaterally, and diagnosed the patient with degenerative disc disease and musculoligamentous sprain of the lumbar spine with lower extremity radiculitis. At that time, the patient was given a Ketorolac injection intramuscularly for the relief of the patient's neck/back symptoms. He was also prescribed acupuncture, given a prescription for an orthopedic mattress, cane, and inversion table. There was no other information submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INVERSION TABLE TWO (2) WEEK TRIAL FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Expert Reviewer's decision rationale: The California MTUS/ACOEM Practice Guidelines do not recommend traction for the treatment of low back disorders. Guidelines state that traction has not been proven effective for lasting relief in treating low back pain, and due to the lack of evidence supporting its use, this treatment is not recommended. As such, the request for inversion table two (2) week trial for the lumbar spine is non-certified.