

<b>Case Number:</b>	CM14-0111979		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management, 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 injured worker is a 45-year-old who sustained an injury to the neck on April 11, 2013 while performing usual and customary duties as an office worker. The injured worker stated while sitting in the office with the door closed and suddenly experienced a weird sensation from head to toes, described as tingling, pain and nausea. The injured worker reported that she got up to take an Advil that was in her purse hanging on the door and when she reached up with her right hand, and felt an increase in symptoms. The next thing the injured worker remembers is lying flat on her back looking at the ceiling. The injured worker was taken to [REDACTED] and diagnosed with raging asymptomatic urinary tract infection, dehydration and stress. EKG was normal. CT of the chest and MRI of the lumbar spine were performed. The injured worker was prescribed antibiotics and referred to urologist. Treatment to date has included six visits of physical therapy for the neck and back and six acupuncture treatment sessions for the neck. The injured worker was also prescribed a six day course of Medrol and given a neck brace. Physical examination noted morbidity: 6'3 and 250 pounds, normal range of motion of the cervical spine; paravertebral muscle tenderness on the left more than right; severe occipital notch tenderness on the left, slight on the right; hyperesthesia in the distribution of the left more than the right occipital nerve; cranial nerves II-XII grossly intact; muscle testing 5/5 throughout; decreased sensory to light touch and pinprick in the left L3-4 distribution; dysesthesias at the right L4-5; deep tendon reflexes 2+ in the bilateral upper extremities; antalgic gait; positive Romberg's and abnormal tandem walk. The injured worker was diagnosed with status post-concussion syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inversion Table for Home Use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Traction.

**Decision rationale:** The request for inversion table for home use is not medically necessary. The previous request was denied on the basis that current evidence based guidelines state that traction has not been proven effective for lasting relief in treating low back pain. Given the lack of guideline support, the use of traction with an inversion table for home use would not be indicated, therefore the request could not be indicated as medically appropriate. After reviewing the submitted clinical documentation, there was no significant objective information provided that would support reversing the previous adverse determination. Given this, the request for an inversion table for home use is not medically necessary or appropriate.