

Case Number:	CM14-0133922		
Date Assigned:	08/25/2014	Date of Injury:	03/16/2001
Decision Date:	09/24/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 69-year-old male with a 3/16/01 date of injury. The mechanism of injury occurred as a result of his usual and customary duties as a criminal investigator. According to a 7/8/14 progress note, the patient complained of pain in the mid and low back with radiation to the lower extremities with tingling/numbness to the toes. He stated that he has been "benefiting from physical therapy with decrease in pain, more flexibility, and strength." The physical therapist has recommended an inversion table, ergo curve cushion, and travel lite cushion. Objective findings: limited ROM of lumbar spine, sensation is normal, straight leg raise test positive bilaterally for radicular signs/symptoms. Diagnostic impression: lumbar disc with radiculitis, degeneration of lumbar disc, low back pain. Treatment to date: medication management, activity modification, knee surgeries, ESI, physical therapy. A UR decision dated 7/17/14 denied the requests for inversion table, Ergo Curve Cushion, and Travel Lite Cushion. Regarding inversion therapy, inversion tables are a method of gravity traction, therefore, it is denied. Regarding Ergo Curve Cushion and Travel Lite Cushion, a lumbar spine brace is approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Inversion Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: MTUS states that there is no "high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction." In addition, ODG states that "inversion therapy may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration." There is no rationale provided as to the functional gains expected to be achieved with the patient's use of an inversion table. A specific rationale identifying why the patient would require this specialized device despite lack of guideline support was not provided. Therefore, the request for Inversion Table is not medically necessary.

Ergo Curve Cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.amazon.com/Cartys-Sacro-Ease-Lumbar-Support-Cushion/dp/B0082CNZBO>.

Decision rationale: CA MTUS and ODG do not address this issue. According to an online search, the Ergo Curve Cushion is a molded backrest that fits and supports the contours of the back. It is made from high-density visco-elastic memory foam. A specific rationale identifying why this specialty product would be required for this patient was not provided. In addition, a lumbar spine brace had been approved in a 7/17/14 UR decision. Therefore, the request for Ergo Curve Cushion was not medically necessary.

Travel Lite Cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.relaxtheback.com/lifeform-travel-lite-seat-cushion.html>.

Decision rationale: CA MTUS and ODG do not address this issue. According to an online search, TravelLite Seat Cushion is a seat cushion with Contour Seat Technology that promotes circulation and reduces joint pressure while the LIFE-foam visco-elastic memory foam conforms to your body. A specific rationale identifying why this specialty product would be required for this patient was not provided. In addition, a lumbar spine brace had been approved in a 7/17/14 UR decision. Therefore, the request for Travel Lite Cushion was not medically necessary.