

<b>Case Number:</b>	CM14-0151864		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Occupational 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:

The injured worker is a 46 year-old male who sustained an injury on May 11, 2012. He is diagnosed with (a) cervical strain, (b) lumbar disc bulge, and (c) lumbar degenerative disc disease. He was seen on September 4, 2014 for an evaluation. He reported complaints of sharp and dull neck pain with radiation to the head, upper back, and bilateral shoulders and sharp and dull low back pain with radiation to both legs. An examination revealed pain to palpation along the cervical and lumbar paraspinous muscles. Straight leg raising test was negative. Sensation was decreased in the left leg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Inversion Table Trial for Home Traction:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**Decision rationale:** The request for inversion table trial for home traction is not medically necessary at this time. According to guidelines, the use of home traction is recommended only

for those with cervical conditions with radicular symptoms. No cervical objective findings were significant for radiculopathy. Also, evidence proposes that the use of any form of traction directed to the lumbar spine may not be effective. As home traction is not supported by the guidelines for cervical and lumbar spine and the necessity of the requested treatment was not established, the use of inversion table trial for home traction is not medically necessary.