

Case Number:	CM14-0154733		
Date Assigned:	09/24/2014	Date of Injury:	08/19/2006
Decision Date:	11/17/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 patient with a date of injury of 8/19/06. A utilization review determination dated 8/25/14 recommends non-certification of an inversion table. 7/28/14 medical report identifies pain in the low back with radiation into the lower extremities 7/10. On exam, there is tenderness, limited ROM, and positive seated nerve root test [side(s) undocumented]. Recommendations include pain management referral for consideration of lumbar epidural injections, referral to urology, and an inversion table.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home inversion table and Traction

Decision rationale: Regarding the request for an inversion table, CA MTUS and ACOEM state that 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. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain... The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica... Traction has not been shown to improve symptoms for patients with or without sciatica..." Within the information made available for review, there is no indication that the requested inversion table will be used as an adjunct to a program of evidence-based conservative care to achieve functional restoration and there is no clear rationale presented identifying the medical necessity of traction given that it is not well supported by the guidelines. In the absence of such documentation, the currently requested inversion table is not medically necessary.