

Case Number:	CM14-0159239		
Date Assigned:	10/02/2014	Date of Injury:	07/25/2013
Decision Date:	12/03/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old male with a 7/25/13 date of injury. At the time (9/19/14) of the Decision for authorization for Inversion table for low back pain, there is documentation of subjective (persistent back pain radiating in the right leg rated 5/10 and described as sharp) and objective (decreased lordosis with rotoscoliosis of the lumbar spine with convexity to the left and lumbar range of motion restricted with 75% of flexion, extension 50%, and lateral bending and rotation 50%) findings, current diagnoses (pain thoracic spine, neuralgia or neuritis, and low back pain), and treatment to date (physical therapy and home exercise program). There is no documentation of traction used as an adjunct to a program of evidence based conservative care to achieve functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table for low back pain: Upheld

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

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, Traction

Decision rationale: MTUS reference to ACOEM guidelines identifies that traction has not been proved effective for lasting relief in treating low back pain. ODG identifies documentation of traction used as an adjunct to a program of evidence based conservative care to achieve functional restoration, as criteria necessary to support the medical necessity of traction unit. Within the medical information available for review, there is documentation of diagnoses of pain thoracic spine, neuralgia or neuritis, and low back pain. However, there is no documentation of traction used as an adjunct to a program of evidence based conservative care to achieve functional restoration. Therefore, based on guidelines and a review of the evidence, the request for Inversion table for low back pain is not medically necessary.