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| Case Number: | CM14-0161615 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 09/04/2012 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/01/2014 |

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:

The injured worker is a 56 year old male who reported an injury on 09/04/2012. The mechanism of injury was noted as a cumulative injury. His diagnoses included status post lumbar bilateral L4-5 decompression and left L5-S1 foraminotomy. His past treatments were noted to include an unspecified mode of conservative care and surgery performed on 11/15/2013. On 9/04/2014, the injured worker complained of constant low back pain, rated at 5/10, with intermittent pain and numbness to the lower extremities. An orthopedic examination of the lumbar showed flexion of 45 degrees, and extension of 5 degrees. His medications were listed to include Hydrocodone, Naprosyn, and Flexeril. The treatment plan included 6 sessions of chiropractic therapy, titration off of medications and an inversion table. The rationale for the request was noted. The Request for Authorization form was not submitted for review.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Low Back, Traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The request for an Inversion table is not medically necessary. The injured worker was noted to have complained of constant low back pain, rated 5/10. A recommendation was made for an inversion table. However, California MTUS/ACOEM Guidelines specifically state that traction is not recommended as it has not been proved effective for lasting relief in treating low back pain. Therefore, as the guidelines do not recommend traction for low back conditions at this time, the request is not supported. As such, the request is not medically necessary.