MAXIMUS Federal Services

Case Number:	CM14-0037241		
Date Assigned:	06/25/2014	Date of Injury:	07/31/2013
Decision Date:	07/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/27/2014

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 Illinois. 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 32-year-old male with a reported date of injury on 07/31/2013. The injury reportedly occurred while the worker was installing a garage door. The injured worker presented with lumbosacral spine pain. Upon physical examination, the injured worker presented with tenderness at the L4-5 midline and bilateral S-1. In addition, the injured worker presented with negative straight leg raise bilaterally. The lumbar spine range of motion revealed forward flexion to 50 degrees. The clinical documentation indicated the injured worker denied leg pain and sensory exam was noted to be normal. The MRI of the lumbar spine revealed, extruded L4-5 on left with compression of the left L5 nerve root; the official results and date of those results were not provided within the documentation available for review. The injured worker's diagnoses included lumbosacral strain, low back pain, radiculopathy, rash (nonvascular), and folliculitis. The injured worker's medication regimen includes Hydrocodone, Cyclobenzaprine, and topical analgesics. Request for authorization for purchase of an inversion chair was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an Inversion chair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Traction.

Decision rationale: The Official Disability Guidelines do not recommend 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 proved effective for lasting relief in the treatment of low back pain. The evidence is moderate for home based patient controlled traction compared to placebo. The clinical information provided for review lacks documentation related to the injured worker's functional deficits. There is a lack of documentation related to previous physical therapy and the use of physical therapy in addition to the treatment with traction. Therefore the request for purchase of an inversion chair is not medically necessary and appropriate.