MAXIMUS Federal Services

Case Number:	CM14-0037420		
Date Assigned:	06/25/2014	Date of Injury:	01/02/2008
Decision Date:	07/29/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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, Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 61 year old female who reported an injury to her low back on 01/02/08. The mechanism of injury is not specified. The clinical note dated 02/27/14 indicates the injured worker had been utilizing an inversion unit while undergoing physical therapy to address her low back pain. The injured worker rated the low back pain as 6/10 at that time. The injured worker stated that while utilizing the inversion machine, the pain is eliminated. However, after dismounting, the injured worker's low back pain returns. Chronic tenderness was identified in the lower extremities, below the knees. The therapy note dated 06/18/14 indicates the injured worker having completed 13 physical therapy sessions to date. The clinical note dated 08/27/13 indicates the injured worker complaining of low back pain that was rated as 4-5/10. The injured worker described the low back pain as a waxing and waning. The injured worker was able to demonstrate 80 degrees of flexion, 10 degrees of extension, along with 30 degrees of bilateral rotation, 5 degrees of left side bending, and 10 degrees of right side bending. The injured worker was being recommended for additional physical therapy at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

90/90 Lumbar Inversion Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 CHAPTER, INVERSION THERAPY.

Decision rationale: The documentation indicates the injured worker having complaints of low back pain with associated range of motion deficits in the lumbar spine. Currently, no high quality studies exist supporting the safety and efficacy of the use of inversion tables to address low back complaints. Without high quality studies having been published in peer reviewed literature supporting the use of the proposed treatment, this request is not indicated as medically necessary.