

Case Number:	CM14-0039529		
Date Assigned:	06/27/2014	Date of Injury:	09/08/1981
Decision Date:	08/11/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/03/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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 worker sustained an injury September 8, 1981. At the primary treating physicians visit on February 6, 2014 he was continuing to experience low back pain with weakness and shooting pain in both legs and numbness and tingling of his left leg. He was having difficulty sleeping due to low back pain, was taking no medications, and was attending physical therapy. Objective findings stated the patient lacks 0 inches from touching toes. The diagnoses included disc protrusions at L1-2, L2-3, L3-4 and L4-5 with impingement on the left L5 nerve, right L5 pars defect, pes anserine tendinitis bilateral knees, and chondromalacia patella bilateral knees. The treatment plan included physical therapy, NSAIDs, use of electrical stimulation, exercises and inversion table for home use for temporary nerve decompression. This was prescribed for 2 week trial with plan to document functional improvement and if there was improvement/benefit, an additional request for continued use would be submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 week trial of an inversion table (██████████): Upheld

Claims Administrator 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 - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: Inversion therapy is a mode of traction and the same guidelines that apply to traction apply to inversion therapy. The Occupational Medicine Practice Guidelines state that traction has not been proven effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Based on this guideline, an inversion table would not be considered medically necessary. In addition, even if indicated, there was insufficient documentation of functional impairment on which to base functional improvement in response to traction.