

Case Number:	CM14-0040692		
Date Assigned:	07/11/2014	Date of Injury:	12/09/2013
Decision Date:	08/14/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Practice 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:

This is a female claimant who sustained a work injury on 12/9/13 involving the low back and knee. She was diagnosed with left knee chondromalacia, L1-L2 compression fracture, L3-L4 & L4-L5 disc bulging4 and spondylolistheses of L4-L5. A progress note on 3/17/14 indicated the claimant had 7/10 pain and had used heating pads and undergone home exercises. Objective findings included tenderness over the sciatic notch. The treating physician recommended a gravity based traction unit / 2 week trial of an inversion table for temporary nerve decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table for home use (x2 week trial) (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG-Treatment in Workers Compensation (TWC): Low Back Procedure Summary.

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

Decision rationale: Inversion therapy, with gravity boots or inversion tables, involves hanging upside down or at an inverted angle with the intention of therapeutic benefits via

traction. According to the ACOEM guidelines, traction has not proved effective for lasting relief and low back pain. There is insufficient evidence to support using axial decompression for low back injuries. According to the ODG guidelines, 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. The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. Traction has not been shown to improve symptoms for patients with or without sciatica. In this case there is a component of sciatic notch tenderness. All the guidelines suggest there's insufficient evidence to use an inversion table or traction therapy. Although a gravity based traction as a suggested in this case may be an option, it is not medically necessary.