

<b>Case Number:</b>	CM14-0053432		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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 50-year-old male who reported an injury on 07/11/2012. The mechanism of injury was noted to be a fall. He had prior treatments of epidural steroid injections, lumbar facet injections, and medications. His diagnoses were noted to be sciatica, and lumbar retrolisthesis. A clinical evaluation on 02/14/2014 indicated the injured worker with ongoing back pain that radiated down his legs with weakness. A clinical evaluation on 04/23/2014 indicated the injured worker status post lumbar transforaminal injection on 03/10/2014. It was noted that the injured worker had pain relief and increased functional ability. The injured worker reported home exercise of yoga, pilates and stretching. The objective findings indicated range of motion improved. Straight leg raise was positive on the right at 60 degrees. Sensation was decreased at right L5/S1. Strength was intact. Lumbar range of motion with flexion was 45 degrees, extension was 20 degrees, right lateral was 25 degrees and left lateral was 25 degrees. The treatment plan was to continue home exercise program and followup in 2 months. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for medical treatment was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Portable Inversion Table for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Inversion Table.

**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 address home inversion tables. Inversion tables involve hanging upside down or at an inverted angle with the intention of therapeutic benefits via traction. Traction is not recommended 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 been proved effective for lasting relief in the treatment of low back pain. The documentation provided for review does not indicate an adjunct program of evidence-based conservative care to achieve functional restoration. Therefore, the request for Portable Inversion Table for the Lumbar Spine is not medically necessary.