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| Case Number: | CM14-0068733 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 08/20/2013 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 04/28/2014 |
| Priority: | Standard | Application Received: | 05/13/2014 |

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 44 year old male who sustained an industrial injury on 08/20/2013. The mechanism of injury was that in his job as a [REDACTED] he was involved in an altercation with an inmate and injured his low back. His diagnosis is low back pain. He continues to complain of low back pain and on physical exam there is pain with range of motion and dysesthesia in the L4-5 and L5-S1 dermatome. Treatment has included medical therapy with Ketoprofen, Norco, Tramadol, Omeprazole, Quazepam, Menthoderm Cream, and Terocin patch. The treating provider has requested an inversion table.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion Table: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

Decision rationale: Per the reviewed guidelines there is no specific indication for the use of an inversion table for the treatment of low back strain. Inversion therapy involves being upside down or at an inverted angle with the intention of therapeutic benefits. The process of doing so is

called inverting. This can be done via hand balancing or via hanging. It is a form of spinal decompression and is a form of spinal traction. Medical necessity for the requested item has not been established. The requested item is not medically necessary.