

Case Number:	CM14-0073866		
Date Assigned:	07/16/2014	Date of Injury:	12/03/2006
Decision Date:	09/19/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/21/2014

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 Nevada. 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 records presented for review indicate that this 37 year-old female was reportedly injured on 12/3/2006. The mechanism of injury is not listed. The most recent progress note, dated 5/27/2014 indicates that there are ongoing complaints of low back pain, and upper extremity pain. The physical examination demonstrated cervical spine positive tenderness to palpation of the cervical paraspinal muscles including the trapezius, scapula, and rhomboids. Decreased tenderness at the occipital nerve is noted. Upper extremity reflexes 2+, able to walk on heels and toes without difficulty. Mild tenderness to palpation lumbar paraspinal muscles is noted. No recent diagnostic studies are available for review. Previous treatment includes medications, lumbar corset, and conservative treatment. A request was made for inversion table for lumbar spine, and was not certified in the pre-authorization process on 4/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table for low back: Upheld

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

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 - Lumbar & Thoracic (Acute & Chronic). Updated 8/22/2014.

Decision rationale: CA MTUS guidelines do not address this issue, therefore Official Disability Guidelines were used. It states power traction devices are not recommended, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program 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 evidence suggests that any form of traction may not be effective. Neither continuous or intermittent traction by itself was more effective in improving pain, disability, or work absence than placebo. After review of the medical records provided, there is no documentation of a combined approach with other exercises or treatment modalities to improve function. Therefore, this modality is requested as a sole treatment option and is deemed not medically necessary.