

Case Number:	CM14-0076145		
Date Assigned:	07/16/2014	Date of Injury:	09/27/1981
Decision Date:	08/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/22/2014

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, has a subspecialty in Interventional Spine 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 patient is a 60 year old male with an injury date on 09/27/1981. Based on the 04/28/2014 progress report provided by [REDACTED] the diagnosis is: 1. Failed Back Surgery Syndrome. According to this report, the patient complains of low back pain, bilateral hip pain, and bilateral buttock pain. The current pain level is at a 7/10. Tenderness over the sacroiliac (SI) joints bilaterally was noted. The patient had a set of medial branch blocks testing the L4-5 and L5-S1 facet joints, bilaterally with absolutely no change in his pain. There were no other significant findings noted on this report. [REDACTED] is requesting an inversion table. The utilization review denied the request on 05/15/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 04/28/2014.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment-Low Back-Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Not recommended. Traction has not been

proved effective for lasting relief in the treatment of low back pain. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues. (Beurskens, 1997) (Tulder, 2002) (van der Heijden, 1995) (van Tulder, 2000) (Borman, 2003) (Assendelft-Cochrane, 2004) (Harte, 2003) The evidence suggests that any form of traction is probably not 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. There was moderate evidence that autotraction (patient controlled) was more effective than mechanical traction (motorized pulley) for global improvement in this population. (Clarke-Cochrane, 2005) See also Vertebral axial decompression (VAX-D).

Decision rationale: According to the 04/28/2014 report by [REDACTED] this patient presents with low back pain, bilateral hip pain, and bilateral buttock pain. The treater is requesting an inversion table to control the patient pelvic tilt. The UR denial letter states "there is no high-grade evidence to support the use of an inversion table in the home setting as being a safe and effective treatment for low back pain." Therefore medical necessity is not supported. Regarding traction, MTUS guidelines state Traction has not been proved 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. Furthermore, ODG states the evidence suggests that any form of traction is probably not effective. In this case, the requested inversion table does not appear to be in accordance with the guidelines. The request is not medical necessary.