

Case Number:	CM14-0200365		
Date Assigned:	12/10/2014	Date of Injury:	04/29/2010
Decision Date:	01/28/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehab, 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 41 year old male with an injury date of 04/29/10. Per the sole report provided dated 09/29/14 the patient presents post transforaminal nerve root injection on 07/16/14. The patient states, results were good with reduction in pain and improved function. The treater states the patient has work restrictions, but it is unclear if the patient is currently working. Examination shows spasm, tenderness and guarding of the paravertebral muscles of the lumbar spine with decreased range of motion. The patient's diagnoses include:1. Lumbar disc displacement without myelopathy2. Lumbar disc disorder with myelopathy3. Sprains and strains of the lumbar region4. Thoracic or lumbosacral neuritis or radiculitis not otherwise specified.The utilization review being challenged is dated 10/31/14. The rationale is that traction devices are not guideline recommended and do not reflect long-term benefit and point to cardiovascular risk during treatment not supervised by a healthcare professional. Justification for variance from guidelines is not established. One report is provided dated 09/29/14.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home Inversion Table/Traction.

Decision rationale: The patient presents with lumbar and thoracic back pain. The treater requests for inversion table per 09/29/14 report. ACOEM page 300 states the following regarding lumbar traction: "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." However, ODG, Low Back Chapter, Home Inversion Table/Traction, states, "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 09/29/14 report states, "Patient reports some benefit for the traction unit, but it is our opinion that an inversion table is likely to give him considerable relief and improve his functional status. It may well allow him to reduce the work restrictions." The report further states the patient received ESI (epidural steroid injection) on 07/16/14 with good relief and is continuing with physiotherapy and home exercise, and the regimen of medications is providing pain relief and improving function. No further ESI's are planned. In this case, the patient presents with lower back pain and is being treated with medications, physiotherapy and home exercise. ODG recommends inversion table traction when used as an adjunct to conservative care. However, no information is provided regarding the specific type of inversion table requested. Powered traction devices are not recommended. Lacking a clear statement of the request, the request is not medically necessary.