

Case Number:	CM14-0200816		
Date Assigned:	12/11/2014	Date of Injury:	06/07/2009
Decision Date:	01/31/2015	UR Denial Date:	11/04/2014
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 Emergency 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 patient is a 43-year-old male who was injured on June 7, 2009. The patient continued to experience pain in his neck and mid-back. Physical examination was notable for tenderness to palpation over the left levator scapula, T1-3 vertebrae, bilateral trapezius muscles, and cervical paraspinal muscles, negative straight leg raise bilaterally, normal motor strength, and intact sensation. Diagnoses included chronic cervical sprain, chronic right cervical radiculopathy, chronic thoracic spine strain, and chronic lumbar spine strain. Treatment included acupuncture, physical therapy, chiropractic therapy, home exercise program, surgery, and medications. Request for authorization for inversion table was submitted for consideration.

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 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Inversion, Traction (mechanical)

Decision rationale: Inversion therapy, with gravity boots or inversion tables, involves hanging upside down or at an inverted angle with the intention of therapeutic benefits via traction. Patient controlled traction is recommended using home cervical (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Powered traction devices are not recommended. In this case the patient does not have radicular symptoms and there is no objective evidence of radiculopathy. Inversion therapy is not recommended. The request is not medically necessary.