

Case Number:	CM14-0201074		
Date Assigned:	12/11/2014	Date of Injury:	08/04/2009
Decision Date:	01/31/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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 the injury date of 08/04/09. Per physician's report 11/10/14, "The patient has horrible low back pain. The patient is not able to stand upright. He has loss of the lordotic curvature. He has all things that are justifiable for the inversion table, and this does give him some relief. It is felt a better alternative than using the lumbar traction on a home basis as I find the inversion tables to be more beneficial. The risks of using the inversion table were previously discussed with the patient." He is able to stand on his toes and heels, and squats without deviation. The lists of diagnoses are: 1) Chronic back pain with spasm, unresolved 2) Lumbar spine sprain/ strain 3) Lumbago/low back pain Per 08/11/14 progress report, 'For exacerbation of the patient's pain he should be treated with therapy, medication, and the use of durable medical equipment. ...The lumbar decompression and fusion of L5-S1 should be made available to him.' "He had lumbar epidural steroid Injections (ESIs) on 11/18/10, 05/26/11 and 07/14/11. [ESIs] gave him intermittent relief for the lower extremity radicularpathy, but did not alter his back pain complaints. "The treater requested the inversion table, because the patient wishes to avoid a surgery. Per 05/12/14 progress report, the patient has received 2 physical sessions of therapy. He can't bend greater than 20 degrees forward. He has difficulty with squatting because he gets off balance. "He is not returned to work. He is apparently unemployed."The utilization review determination being challenged is dated on 11/19/14. Treatment reports were provided from 01/21/14 to 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home Inversion Table/Traction

Decision rationale: The patient presents with pain and weakness in his lumbar and lower extremity. The treater requests for inversion table. MTUS does not discuss Inversion table. 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 11/10/14 report states, "The patient has horrible low back pain. The patient is not able to stand upright. He has loss of the lordotic curvature. He has all things that are justifiable for the inversion table, and this does give him some relief. It is felt a better alternative than using the lumbar traction on a home basis as I find the inversion tables to be more beneficial."The 08/114/14 report states the patient received ESIs in 2011, which gave him intermittent relief for the lower extremity radicularpathy, but did not alter his back pain complaints. The treater states that "He may require ESIs intermittently." In this case, the patient presents with lower back pain and is being treated with medications, physical therapy and home exercise. ODG recommends Inversion table traction when used as an adjunct to conservative care. It does appear that the patient has had adequate conservative care and still struggles. There appears to be some support for the use of inversion table at home if used with other conservative treatments. The request is medically necessary.