

Case Number:	CM15-0108704		
Date Assigned:	06/15/2015	Date of Injury:	09/23/2013
Decision Date:	08/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 injured worker is a 44 year old male, who sustained an industrial injury on 9/23/13. The injured worker was diagnosed as having sprain/strain of the lumbar region, disturbance of skin sensation, muscle weakness, and lumbago. Treatment to date has included the use of an incline/reverse table and acupuncture. Currently, the injured worker complains of lumbar spine pain. The treating physician requested authorization for the purchase of an inversion table/teeter table.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table, teeter table purchase: Upheld

Claims Administrator 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 procedure summary online.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the guidelines, traction is not recommended due to insufficient evidence and short-term benefit. In this case, the purpose of the inversions is to produce gravity induced traction. The exam details were not provided. Although there was mention of improvement with prior use of an inversion table there was also noted benefit with acupuncture. The request for an inversion table is not medically necessary.