

Case Number:	CM15-0131277		
Date Assigned:	07/17/2015	Date of Injury:	04/09/2012
Decision Date:	08/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39-year-old female sustained an industrial injury to the back on 4/9/12. Previous treatment included In a PR-2 dated 6/4/15, the injured worker complained of a recent increase in low back pain with intermittent right toe numbness. The injured worker reported that past chiropractic therapy was helpful. The physician noted that the injured worker exercised a lot and tried to take care of her condition on her own. The injured worker stated that she had tried an inversion table that helped her "quite a bit." The injured worker was requesting more chiropractic therapy and a home inversion table. The injured worker did not want any medications for pain. The injured worker was working full time as a nurse and noted increased pain when she was pushing patients. Physical exam was remarkable for lumbar spine without tenderness to palpation, full range of motion with pain upon flexing down past her knees, mild pain on full extension, 5/5 bilateral lower extremity strength and negative bilateral straight leg raise. Current diagnoses included chronic back pain with L5-S1 disc protrusion and sciatica right leg. The treatment plan included requesting six sessions of chiropractic therapy and an inversion table for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table for purchase: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Home Inversion Table Low Back Chapter/Traction Table.

Decision rationale: The MTUS guidelines do not address the use of home inversion tables or traction, therefore, alternative guidelines were consulted. Per the ODG, inversion tables involve hanging upside down or at an inverted angle with the intention of therapeutic benefits via traction. Traction is 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. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues. In this case, the injured worker has used an inversion table and states she had significant pain relief without the need for medications. The request for Inversion table for purchase is medically necessary.