Case Number:	CM15-0192561		
Date Assigned:	10/06/2015	**Date of Injury:**	11/02/2010
Decision Date:	11/16/2015	**UR Denial Date:**	09/15/2015
Priority:	Standard	**Application Received:**	09/30/2015

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: Texas, Florida, 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:

The injured worker is a 47 year old male who sustained an industrial injury on 11-02-2010. Medical records indicated the worker was treated for low back pain. In the provider notes of 07-06-2015, the worker complains of constant severe pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain radiates into the lower extremities and is described as burning tingling and numbness rated an 8 on a scale of 0-10. On examination, the lumbar spine shows palpable paravertebral muscle tenderness with spasms, a positive seated nerve root test, guarded and restricted standing flexion and extension, a tingling sensation and numbness in the lateral thigh, anterolateral and posterior leg and the left foot in a L5-S1 dermatomal pattern. A 07-15-2015, a MRI of the lumbar spine without contract reveals a focal 7mm left paracentral disc protrusion at L5-S1 with an annular tear causing severe left lateral recess narrowing with a mass effect and posterior displacement of the traversing left S1 nerve root. Treatment plans in the 09-03-2015 request include physical therapy 2x4, and consultation with pain management, and an inversion table. A request for authorization was submitted for an Inversion table, purchase lumbar and/or sacral vertebrae. A utilization review decision 09-15-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table, purchase, lumbar and/or sacral vertebrae: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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, Decompression.

Decision rationale: This claimant was injured now 5 years prior. There is continued back pain. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Per ODG, evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. There was moderate evidence that auto traction (patient controlled) was more effective than mechanical traction (motorized pulley) for global improvement in this population. (Clarke-Cochrane, 2005) Traction has not been shown to improve symptoms for patients with or without sciatica. (Kinkade, 2007) The evidence is moderate for home based patient controlled traction compared to placebo. (Clarke, 2007) A clinical prediction rule with four variables (non-involvement of manual work, low-level fear-avoidance beliefs, no neurological deficit and age above 30 years) was identified. The presence of all four variables (positive likelihood ratio = 9.36) increased the probability of response rate with mechanical lumbar traction from 19.4 to 69.2%. (Cai) See also Powered traction devices; Vertebral axial decompression (VAX-D); IDD therapy (intervertebral disc decompression); & and Orthrotrac vest. Given the adverse evidentiary support for forms of traction, the request is appropriately not certified.