

<b>Case Number:</b>	CM15-0020814		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	03/29/2004
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, Ohio, 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 applicant is a represented 60-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 29, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier knee arthroscopy; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated January 21, 2015, the claims administrator denied a request for an inversion table or traction device. The claims administrator referenced a progress note of December 5, 2014 in its determination. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported persistent complaints of low back and knee pain, 7/10 to 8/10. The applicant was not working, it was acknowledged. The attending provider reiterated his request for usage of an inversion table/traction device. The applicant was asked to continue using previously provided lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Inversion Table:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Non-Powered Traction Devices.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** 1.No, the request for an inversion table (a.k.a. a traction device) was not medically necessary, medically appropriate, or indicated here.As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, traction, the modality at issue, is deemed "not recommended." Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of the claim. Here, the attending provider's concomitant request for usage of an inversion table (a.k.a. traction) and a lumbar support suggest over-reliance on passive modalities. Therefore, the request was not medically necessary.