

Case Number:	CM15-0057747		
Date Assigned:	04/02/2015	Date of Injury:	12/10/2011
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/26/2015

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: Physical Medicine & Rehabilitation

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 43 year old female injured worker suffered an industrial injury on 12/10/2011. The diagnoses included lumbar disc displacement, lumbar disc sprain and dysthymic disorder, facet syndrome and sacroilitis. The diagnostics included electromyographic studies/nerve conduction velocity studies and lumbar magnetic resonance imaging. The injured worker had been treated with TENS unit, physical therapy, and medications. On 12/17/2014 and 2/25/2015, the treating provider reported mid and low back pain with radiations down to the left leg with decreased sensation. The pain was 7/10 and constant along with numbness in both feet. The treatment plan included inversion table trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: inversion table trial 1 month (lumbar spine): Upheld

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

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

Decision rationale: Per ACOEM Treatment Guidelines for the Low Back, traction has not been proven 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. Per ODG, low back condition 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 not identified here. As a sole treatment, traction has not been proven effective for lasting relief in the treatment of low back pain. Submitted reports have not demonstrated the indication or medical necessity for this inversion table for home use. The inversion table trial 1 month (lumbar spine) is not medically necessary and appropriate.