

<b>Case Number:</b>	CM15-0086095		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	03/03/2010
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 42-year-old male, who sustained an industrial injury on 3/3/10. Initial complaints were not reviewed. The injured worker was diagnosed as having previous L5-S1 laminectomy; post laminectomy syndrome - lumbar. Treatment to date has included physical therapy; lumbar epidural steroid injections; medications. Diagnostics included x-rays lumbar spine (4/5/12); MRI lumbar spine (4/26/12). Currently, the PR-2 notes dated 4/14/15 indicated the injured worker was in this office as a follow-up visit regarding his back and radiating pain to the left leg. He also has continued ongoing issues with his right knee. He recently has it "scoped". He is symptomatic still. He is trying to maximize his conservative treatment. His back pain is reported as progressively worsening. He has been denied therapy but is in need of some type of further conservative treatment as his back pain is becoming more and more uncontrollable. A physical examination is documented as "he continues to have intact strength in the EHL, tibialis anterior, gastrocs, and quads. Sensation is intact. His lumbar range of motion is notably restricted. He continues to have radiating pain down the right leg." A MRI scan of the lumbar spine dated 4/26/12 was reviewed and notes. It reveals evidence of disc desiccation at L3-4, L4-5 and L5-S1. L4-5 is the most narrowed disc of the three. There is a broad-based disc bulge at L3-4 with abutment but no compression against the transiting L4 nerve roots. The disc levels cephalad to L3 are completely normal. The provider is requesting an Inversion table as his treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inversion Table:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Online Version, and Home Inversion Table.

**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-Lumbar & Thoracic (Acute & Chronic), Traction.

**Decision rationale:** The claimant sustained a work-related injury in March 2010 and continues to be treated for radiating low back pain. Treatments have included injections, medications, and physical therapy. When seen, he was having worsening symptoms. Physical therapy had been denied. There was decreased range of motion with normal strength and sensation. Home-based patient controlled gravity traction may be a noninvasive conservative option in the treatment of low back pain. In this case, the claimant has already had physical therapy and a home exercise program would be expected as adjunctive treatment. The request was medically necessary.