

Case Number:	CM15-0086396		
Date Assigned:	05/08/2015	Date of Injury:	05/06/2010
Decision Date:	06/22/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	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: California
 Certification(s)/Specialty: Internal 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 35 year old female who sustained a work related injury May 6, 2010. According to a treating physician's progress report, dated March 19, 2015, the injured worker presented with unchanged complaints of neck and lower back pain, rated 4/10. The low back pain is the worst with radiation down the legs with some numbness/tingling into the toes. She is tolerating medications, home exercises, walking, heat and ibuprofen. Traction has helped the most and she was recently denied physical therapy and chiropractic treatment. Diagnoses are musculoligamentous sprain thoracic spine; musculoligamentous sprain/strain lumbar spine; musculotendinoligamentous sprain cervical spine; disc bulging cervical spine; carpal tunnel syndrome bilateral wrists; overweight; chronic pain and disability with delayed recovery. Treatment plan included request for authorization for trigger point injection and at issue, inversion table purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 181, 300, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Home inversion table.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses traction. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints indicates that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints indicates that traction is not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that traction has not been proved 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. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints indicates that traction is not recommended. Official Disability Guidelines (ODG) indicate that home inversion tables involve hanging upside down or at an inverted angle with the intention of therapeutic benefits via traction. The visit note dated 3/19/15 documented neck and lower back pain. ACOEM 2nd Edition indicates that traction is not recommended for neck and upper back conditions. ACOEM 2nd Edition indicates that traction is not recommended for low back conditions. Therefore, MTUS guidelines do not support the request for an inversion table. Therefore, the request for inversion table purchase is not medically necessary.