

Case Number:	CM14-0218718		
Date Assigned:	01/08/2015	Date of Injury:	03/05/2014
Decision Date:	03/12/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona

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 injured worker is a 49-year-old female who reported an injury on 03/05/2014. The mechanism of injury was not stated. The current diagnoses include cervical radiculopathy, lumbar radiculopathy, contusion of the face and scalp, open wound of the face, head injury, and closed fracture of middle or proximal phalanges of the hand. The injured worker presented on 11/25/2014 with complaints of persistent pain in the cervical spine and TMJ. The injured worker had been denied additional TMJ therapy, hand therapy, and physical therapy for the cervical spine. Upon examination, there was spasm in the paraspinal muscles, tenderness to palpation, limited range of motion, 5/5 motor strength, negative Spurling's maneuver, spasm in the lumbar paraspinal muscles, tenderness to palpation in the lumbar spine, and 5/5 motor strength in the bilateral lower extremities. The injured worker was instructed to continue the current medication regimen. An inversion table was also ordered for home use. A Request for Authorization form was then submitted on 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back; Inversion Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. The injured worker was also issued a prescription for a home exercise kit. The injured worker's response to the initial home exercise regimen should be assessed prior to considering additional home equipment. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically appropriate at this time.