

Case Number:	CM15-0116084		
Date Assigned:	06/24/2015	Date of Injury:	12/18/2013
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old female sustained an industrial injury to the right shoulder, neck and arm on 12/18/13. Previous treatment included magnetic resonance imaging, electromyography, right shoulder rotator cuff repair (6/6/14), physical therapy, injections and medications. Magnetic resonance imaging cervical spine (12/8/14) showed disc protrusion at C5-6. Electromyography of right upper extremity (3/12/15) showed C6 radiculopathy. In a PR-2 dated 4/9/15, the injured worker complained of increasing neck pain, rated 8/10 on the visual analog scale, with radiation down the right upper extremity associated with cervicogenic headaches as well as persistent right shoulder pain. Physical exam was remarkable for tenderness to palpation to the cervical spine musculature with increased muscle rigidity, numerous palpable trigger points, decreased range of motion, obvious muscle guarding and positive right Spurling's test. Current diagnoses included cervical myoligamentous injury, right upper extremity radiculopathy, status post right shoulder decompression and medication induced gastritis. The injured worker received cervical spine trigger point injections during the office visit. The treatment plan included cervical spine epidural steroid injections and medications refills (Norco, Ultracet, Anaprox and Prilosec). On May 21, 2015, a request for authorization was submitted for the purchase of an inversion table.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: ACOEM Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. In this case, there is no documentation that inversion therapy treatment would be used as an adjunct to a program of evidence based functional restoration. Guidelines further state that inversion therapy/traction is not effective for long-term relief of low back pain. Therefore this request is not medically necessary or appropriate.