MAXIMUS Federal Services

Case Number:	CM15-0065969		
Date Assigned:	04/13/2015	Date of Injury:	02/10/2005
Decision Date:	05/14/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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, Indiana, New York
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 54 year old male, who sustained an industrial injury on 2/10/2005. He reported injury of the low back, and right wrist. The injured worker was diagnosed as having musculoligamentous sprain of the cervical spine with right upper extremity radiculitis, musculo-ligamentous sprain of the lumbar spine with bilateral lower extremity, contusion of left elbow, cervical spine disc bulges, and lumbar spine disc bulges. Treatment to date has included medications, exercises, magnetic resonance imaging, and chiropractic therapy. The request is for an inversion table. On 3/20/2015, a PR-2 indicates he has complaints of continued neck pain and stiffness with radiation into the shoulders, and low back pain that is increased with activity. The treatment plan included: continuation of exercises, continue Ibuprofen and Cyclobenzaprine, and request for an inversion table. The records indicate he is not currently attending therapy or working. He had received chiropractic treatment previously and felt it to be helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

One inversion table: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; 146-7.

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 section, Inversion table, Traction.

Decision rationale: Pursuant to the Official Disability Guidelines, one inversion table is not medically necessary. Inversion therapy with gravity boost or inverse tables, involves hanging upside down or at an inverted angle with the intention of therapeutic benefits by attraction. 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. Traction has not been proved for lasting relief in the treatment of low back pain. The evidence suggests that any form of traction may not be effective. Traction has not been shown to improve symptoms for patients with or without sciatica. In this case, the injured worker's working diagnoses are musculoligamentous sprain cervical spine with right upper extremity radiculitis; musculoligamentous sprain lumbar spine with bilateral lower extremity radiculitis; and contusion left elbow. Subjectively, according to a March 6, 2015 progress note, the injured worker is not attending physical therapy and is working regular duties. There is continuing pain on and off at the cervical spine stiffness greatest in the morning. Pain radiates to both shoulders. Low back pain is constant and increases with activity. Objectively, there is tenderness over the posterior superior iliac spines bilaterally. Traction has not been shown to improve symptoms for patients with or without sciatica. The documentation does not specify whether the inversion table is for use for the neck pain or the constant low back pain. Traction has not been proved effective for lasting relief in the treatment of low back pain. 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. The injured worker is not receiving current physical therapy or other conservative care treatments to achieve functional restoration in conjunction with the use of an inversion table. Consequently, absent a current program of evidence-based conservative care to achieve functional restoration (in addition to traction), a clinical indication (neck versus lower back), with evidence that attraction has not been shown to improve symptoms for patients with and without sciatica, one inversion table is not medically necessary.