MAXIMUS Federal Services

Case Number:	CM15-0097112		
Date Assigned:	05/27/2015	Date of Injury:	06/29/2012
Decision Date:	06/26/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/19/2015

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 55-year-old male, who sustained an industrial injury on 6/29/12. Initial complaints were not reviewed. The injured worker was diagnosed as having hip sprain and thigh not otherwise specified; lumbago. Treatment to date has included acupuncture; chiropractic therapy; physiotherapy; medications. Diagnostics included MRI bilateral hips (8/24/12); MRI lumbar spine (9/4/13); EMG/NCV study lower extremities (10/24/12); lumbar discogram (1/24/14). Currently, the PR-2 notes dated 4/20/15 indicated the injured worker complains of constant pain in the low back and hips, left greater than the right that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks. The pain is characterized as stabbing with radiation of pain into the lower extremities. The pain is unchanged and on a scale of 1-10, the pain is a 8. The physical examination reveals the lumbar spine and hips note palpable paravertebral muscle tenderness with spasm. The seated nerve root test and Fabere's are positive. Range of motion with standing flexion and extension are guarded and restricted with no clinical evidence of stability on exam. A circulation of the lower extremities is full and coordination and balance are intact. There is tingling and numbness in the posterior leg and lateral foot, which is in a S1 dermatomal pattern. There is 4 strength in the ankle plantar flexors and a S1 innervated muscle with reflexes asymmetrical. Other PR-2 notes (dated March 10, 2014) note the injured worker is a diabetic and will not undergo any lumbar epidural injections due to possible side effects that may occur in insulin dependence. The treatment plan included a continuation of current medication regime and to continue the chiropractic and physiotherapy modalities to the lumbar spine. The provider is requesting a Teeter inversion table purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Teeter inversion table purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, DME Low back section, Traction.

Decision rationale: Pursuant to the Official Disability Guidelines, Teeter inversion table purchase of this is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury: and is appropriate for use in the patient's home. Traction has not been shown to improve symptoms for patients with or without sciatica. In this case, the injured worker's working diagnoses are sprain hip and thigh NOS; and lumbago. Progress note dated April 20, 2015 subjectively states the injured worker has low back pain, hip pain (left greater than right) 8/10. Objectively, here is tenderness palpation with spasm. Range of motion is restricted. There is no clinical evidence of sciatica. The treatment plans indicate the treating provider is going to continue a course of chiropractic and physiotherapy modalities to the lumbar spine. There was a "request authorization for Teeter inversion table." There is no clinical rationale or clinical indication in the medical record for the Teeter inversion table. Consequently, absent clinical documentation with the clinical indication and rationale for the inversion table indicating traction is appropriate, Teeter inversion table purchase of this is not medically necessary.