

<b>Case Number:</b>	CM14-0173346		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	04/23/1990
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 47 year-old patient sustained an injury on 4/23/1990 while employed by [REDACTED]. Request(s) under consideration include 1 Inversion table [REDACTED] between 9/17/14 and 12/22/14. Diagnoses include Lumbar radiculopathy; knee internal derangement; and forearm arthropathy. Conservative care has included medications, physical therapy, chiropractic treatment, and modified activities/rest. Report of 9/17/14 from the provider noted the patient with chronic ongoing low back and knee pain without significant change or improvement since last visit. The patient did note some relief with chiropractic care. Exam showed tenderness at thoracolumbar paravertebral muscles with spasm, restricted range in all planes, positive SLR on left; knees with crepitus and positive bilateral McMurray's. The request(s) for 1 Inversion table ([REDACTED]) between 9/17/14 and 12/22/14 was non-certified on 9/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Inversion table ([REDACTED]) between 9/17/14 and 12/22/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic (Acute & Chronic)

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

**Decision rationale:** Per ACOEM Treatment Guidelines for the Low Back, traction has not been proven 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. Per ODG, low back condition is not recommended using powered traction devices, but 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 not identified here. As a sole treatment, traction has not been proven effective for lasting relief in the treatment of low back pain. Submitted reports have not demonstrated the indication or medical necessity for this inversion table for home use. The 1 Inversion table ( [REDACTED] ) between 9/17/14 and 12/22/14 is not medically necessary and appropriate.