

<b>Case Number:</b>	CM14-0060719		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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

Certification(s)/Specialty: Chiropractic

### 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 8-02-2013. He reported slipping, twisting and jerking his spine. The injured worker was diagnosed as having cervical and lumbar herniated nucleus pulposus. Treatment to date has included diagnostics, medications, back support, physical therapy, chiropractic, and acupuncture. In 2-2014, the injured worker complained of continued neck and back pain with radiation to the upper and lower extremities, with paresthesia and numbness. He was returning after 2 weeks of total temporary disability and was to be returned to work with restrictions. Physical exam noted spasm, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine, with loss of range of motion in both. There was decreased sensation in the right C5 and bilateral L5 and S1 dermatomes. Current medication regimen was not noted. The treatment plan (3-2014) included an inversion table. The rationale for the requested treatment was not noted.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back, (updated 03/31/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Traction.

**Decision rationale:** The patient has received chiropractic care for his lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The PTP is requesting an inversion table to treat the lumbar spine. The patient suffers from lumbar disc herniations. The MTUS Chronic Pain Medical Treatment Guidelines does not recommend passive physical modalities such as traction. The ODG Low Back Chapter states that inversion therapy may be a non-invasive conservative option to low back treatment if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. The records from the PTP did not discuss if the inversion table therapy would be utilized as an adjunct to a program of conservative care to achieve functional restoration. I find that the inversion table requested to treat the lumbar spine to not be medically necessary and appropriate.