

Case Number:	CM13-0005416		
Date Assigned:	12/11/2013	Date of Injury:	12/14/2012
Decision Date:	02/03/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 is a 51 year-old, female with a 12/14/12 injury date. She was working as a custodian and injured her neck from heavy lifting. She has been diagnosed with cervicotrachepezial strain/sprain; intermittent cervical radiculopathy; and lumbosacral musculoligamentous sprain/strain. The IMR application signed on 8/1/13 shows a dispute with the 7/9/13 UR decision. The 7/9/13 UR decision is by [REDACTED] and is based on the 6/25/13 medical report and is for a denial of a home cervical traction unit. The 6/25/13 report is by [REDACTED], an orthopedic surgeon, notes the possibility of surgical intervention, but wanted to manage conservatively, and he recommended a home traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CERVICAL TRACTION UNIT PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: I am aware that some guidelines, in particular, ODG offer support for home cervical traction units. However, the [REDACTED] has adopted ACOEM chapter 8 into the MTUS guidelines and with the addition of LC4610.5 (2), the definition of "medical necessity" is defined to mean treatment based on MTUS guidelines. For California worker's compensation cases, MTUS is the highest ranked standard, and supersedes ODG guidelines. MTUS/ACOEM state there is no evidence to support the use of traction. MTUS/ACOEM does state that it can be used on a trial basis, but should be monitored closely. The request before me is not for a trial of home traction, but rather for a purchase of a home traction unit. The request is not in accordance with MTUS/ACOEM topic guidelines.