

Case Number:	CM13-0008623		
Date Assigned:	01/10/2014	Date of Injury:	05/13/1999
Decision Date:	03/19/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/08/2013

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 Occupational Medicine, 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:

Claimant is a 69 year old female with date of injury 5/13/1999. Per progress note dated 9/26/2013 the claimant complained of neck pain. She noted that tingling in her upper extremities has improved. Her neck pain is aggravated with activities involving lifting, picking up, driving, and lying down, left lateral tilting activities. She uses Lyrica 200 mg at night and 50 mg twice daily. Her pain is rated at 8/10 with medications. She notes medications do help alleviate some of her pain. She has been using naproxen for inflammation and it helps with pain. She notes that she also has low back pain and she is under care of her PCP. She is retired. MRI of her cervical spine has identified: 1) C5-6, 2-3 mm broad-based and lateral combined osteophytic region disc bulge, moderate bilateral neural foraminal stenosis slightly greater on the left and mild cervical cord effacement without spinal canal stenosis 2) C6-7, 1-2 mm combined disc bulge prominent posterolateral osteophytic ridge, moderate bilateral neural foraminal stenosis greater on the right based on the descriptive finding reports, essentially stable and unchanged 3) C4-C7, 1-2 mm combined disc bulge prominent posterolateral osteophytic ridge, moderate bilateral neural foraminal stenosis greater on the right based on the descriptive finding reports, essentially stable and unchanged 4) C3-4, moderate-to-severe left hypertrophic facet changes with moderate-to-moderately severe left neural foraminal stenosis. No evidence of underlying disc bulge or herniation. Diagnoses include: 1) degeneration cervical disc 2) neck pain 3) therapeutic drug monitor 4) long-term use meds nec 5) unspecified major depression, single episode 6) depression with anxiety. Treatment plan includes medications and home exercise plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) Cervical Traction Pronex: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the ACOEM Guidelines, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." The use of traction for cervical spine complaints is not supported by these guidelines. The request for Durable Medical Equipment (DME) Cervical Traction Pronex is determined to not be medically necessary.