

Case Number:	CM13-0009194		
Date Assigned:	12/18/2013	Date of Injury:	12/15/2005
Decision Date:	02/11/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/09/2013

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 & 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 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 50 year-old male [REDACTED] sustained an injury on 12/15/05 while employed by [REDACTED]. Request under consideration include a pneumatic cervical traction unit. Report dated 7/1/13 from [REDACTED] noted recommendation from [REDACTED] is for pain management and a home traction unit. Patient does not wish to have neck surgery in any event, but if symptoms worsen, he will see [REDACTED] again. A pneumatic cervical traction device was requested. Per report from [REDACTED], ortho on 6/28/13, the patient complained of neck pain and headaches with no upper extremity radicular or neurologic symptoms. Exam showed no tenderness or palpable spasm, range of motion allow for 45 degrees flexion and 70 degrees rotation. Neurologic exam of upper extremities is normal with regard to sensation, motor strength and DTRs except for numbness and weakness in left arm described as secondary to a "stroke as a complication of left elbow and shoulder surgery." X-rays taken has disc degeneration with some foraminal stenosis at C4-5; otherwise normal disc spaces, normal cervical lordosis and alignment, no evidence of instability or stress fracture, no significant degenerative changes and no evidence of foraminal stenosis or narrowing. Recommend conservative management consisting of medication, if helpful he can try traction and a home unit when his pain flares, injections risks outweigh the benefits, particularly for long-standing symptoms such as these. No follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pneumatic cervical traction unit: 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), 18th Edition, Cervical Spine - traction

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, ODG® Treatment in Workers Compensation, 9th Edition, Neck & Upper Back Chapter, Cervical Traction Unit, page 632-633

Decision rationale: This 50 year-old male [REDACTED] sustained an injury on 12/15/05 while employed by [REDACTED]. Request under consideration include a pneumatic cervical traction unit. Report dated 7/1/13 from [REDACTED] noted recommendation from [REDACTED] is for pain management and a home traction unit. Per report from [REDACTED], ortho on 6/28/13, the patient complained of neck pain and headaches with no upper extremity radicular or neurologic symptoms. Exam showed no tenderness or palpable spasm, range of motion allow for 45 degrees flexion and 70 degrees rotation. Neurologic exam of upper extremities is normal with regard to sensation, motor strength and DTRs except for numbness and weakness in left arm described as secondary to a "stroke as a complication of left elbow and shoulder surgery." X-rays taken has disc degeneration with some foraminal stenosis at C4-5; otherwise normal disc spaces, normal cervical lordosis and alignment, no evidence of instability or stress fracture, no significant degenerative changes and no evidence of foraminal stenosis or narrowing. Per ACOEM Treatment Guidelines for the upper back and neck, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per ODG, cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program, not seen here. In addition, there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. The pneumatic cervical traction unit is not medically necessary and appropriate.