

Case Number:	CM13-0010894		
Date Assigned:	12/18/2013	Date of Injury:	10/08/2008
Decision Date:	03/28/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/14/2013

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 Orthopedic Surgery 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 59-year-old gentleman injured in a work-related accident on 10/8/08. Specific to the claimant's cervical spine, the clinical records included a 7/26/13 assessment by [REDACTED] noting ongoing complaints of pain about the cervical spine with a current working diagnosis of chronic intractable neck pain with radiating bilateral arm pain. The claimant was documented to be status post anterior cervical discectomy and fusion C3 through C7 performed in 2010. Recent radiographs demonstrated equivocal fusion findings at C6-7 with fracture of prior hardware. [REDACTED] diagnosed the claimant with a pseudarthrosis. Physical exam findings were documented as restricted cervical range of motion with tenderness to palpation over the trapezial and paracervical musculature. The recommendations at that time were for continuation of conservative measures including need for a cervical traction unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home 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 Treatment in Worker's Comp , 18th Edition, 2013 Updates, Neck procedure, Traction.

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

Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates, Neck procedure, Traction.

Decision rationale: California MTUS ACOEM Guidelines do not support the effectiveness of passive modalities such as traction. The Official Disability Guidelines criteria support that cervical traction is recommended in a controlled setting for patients with radicular symptoms in conjunction with a home exercise program. Based upon the ACOEM Guidelines and ODG Guidelines, the medical records would not support the request for a home cervical traction unit. There is a lack of documentation of radicular findings in this claimant who is status post a multilevel prior anterior cervical discectomy and fusion. There would be no apparent indication for the role of traction in the post-fusion setting, particularly in this claimant who has had a four-level fusion procedure. The specific request for treatment in question would not be indicated.