

Case Number:	CM13-0013795		
Date Assigned:	03/10/2014	Date of Injury:	10/19/2010
Decision Date:	04/14/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/20/2013

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. The expert 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 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/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:

The patient is a 46-year-old male who reported an injury on 10/19/2010, after he avoided a fall while performing normal job duties. The patient reportedly sustained an injury to his left arm, left knee, left elbow, left shoulder, and low back. The patient's treatment history included physical therapy, medications, a knee brace, a TENS unit, and lumbar traction unit. The patient's most recent clinical evaluation documented the patient had tenderness to palpation of the cervical spine in the C6-7 area, and tightness in the upper trapezius muscles bilaterally. The patient's diagnoses included cervical discopathy at the C5-6 and C6-7 levels. The patient's treatment recommendations included continuation of a home exercise program, surgical intervention for the left shoulder, continuation of medications, and the use of a cervical traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PNEUMATIC CERVICAL TRACTION PURCHASE FOR TREATMENT OF THE CERVICAL SPINE: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Chronic Pain Treatment Guidelines.

Decision rationale: : The requested pneumatic cervical traction for purchase for the treatment of the cervical spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does not recommend the use of traction in neck and upper back injuries. The clinical documentation submitted for review did not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested pneumatic cervical traction for purchase for the treatment of the cervical spine is not medically necessary or appropriate.