

<b>Case Number:</b>	CM13-0025411		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	08/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 61 year-old with a date of injury of 01/18/12. The mechanism of injury was a cumulative trauma from 01/18/11 to 01/18/12. She was diagnosed with "cervical musculoligamentous sprain/strain with right upper extremity radiculitis". Progress notes throughout 2013 identified primarily subjective complaints of neck pain and stiffness with pain radiating to the bilateral shoulder regions. Objective findings included facet joint tenderness and limited range-of-motion with some dermatomal sensory loss. Diagnostic studies include an MRI of the cervical spine revealing a 2-mm midline disc protrusion with a mild degree of central canal stenosis at C4-5 and C5-6 and normal alignment of the cervical spine. Diagnoses indicate that the patient has "(a) cervical musculoligamentous sprain/strain with right upper extremity radiculitis; (b) right shoulder sprain/strain, rotator cuff tendonitis, impingement, and acromioclavicular degenerative joint with bone spur; and (c) right wrist tendonitis with De Quervain's tenosynovitis and carpal tunnel syndrome." Treatment has included chiropractic manipulative therapy, oral medication, rest, and a home exercise program. Treatment now recommended is a lumbar traction unit to treat the cervical spine. A Utilization Review determination was rendered on 08/31/13 recommending non-certification of "1 lumbar traction unit".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) LUMBAR 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), Neck and Upper Back Section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Traction Section.

**Decision rationale:** The California Medical Treatment Utilization Schedule ACOEM section states: "Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." The Official Disability Guidelines (ODG) state: "The evidence suggests that any form of traction may not be effective." Likewise, there is no evidence that it would benefit the cervical spine. Therefore, there is no medical necessity for traction in this case.

**ONE (1) ULTRASOUND GUIDED RIGHT SHOULDER BURSAL INJECTION.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204 & 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Steroid Injection Section.

**Decision rationale:** In this case, the record implies that the claimant has impingement of the shoulder related to trauma. If so, the Official Disability Guidelines (ODG) does not recommend injection. Additionally, the request does not specify what will be injected. The MTUS and ODG address injection of anesthetics and/or corticosteroids only. The ODG also notes that this is generally performed without ultrasound guidance. Therefore, the request as submitted, does not meet medical necessity.