MAXIMUS Federal Services

Case Number:	CM13-0034757		
Date Assigned:	12/11/2013	Date of Injury:	09/01/2010
Decision Date:	10/24/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 57 year old with an injury date on 9/1/10. Patient complains of somewhat improved cervical symptoms after a recent 4 physical therapy sessions with mechanical traction per 9/20/13 report. Patient also has lower constant lumbar pain rated 7/10 without medication with radiation to left knee with numbness/tingling per 9/27/13 report. Based on the 9/20/13 progress report provided by the treating physician the diagnoses are: C-spine s/s, bilateral shoulder s/s and L-spine s/s. Exam on 9/20/13 showed C-spine spasm and guarding. Decreased sensation in bilateral upper extremities in C5-C6 dermatome. 9/27/13 report states C-spine range of motion is decreased by 10 degrees in both flexion/extension. The treating physician is requesting purchase of cervical traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF CERVICAL TRACTION UNIT: Upheld

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

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 (ODG) < ODG: Neck chapter, traction units

Decision rationale: This patient presents with neck pain and lower back pain radiating to left knee. The treater has asked for purchase of cervical traction unit on 9/20/13. Review of the reports do not show any evidence of a trial of a cervical traction unit in the patient's history. Regarding home traction units, ACOEM states there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of such passive physical modalities. 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. ODG guidelines also discusses cervical traction units and recommends it for radicular pain due to HNP. In this case, the patient does not present with radiculopathy or an HNP to warrant on-going use of cervical traction unit. ACEOM indicates there is no high-grade scientific evidence for it. Recommendation is for denial.