

<b>Case Number:</b>	CM13-0037920		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 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 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 patient is a 48 year-old with a date of injury of 12/05/08. A progress report associated with the request for services, dated 09/06/13, identified subjective complaints of stiffness in the neck and numbness and tingling in both hands. Objective findings included paracervical spasm. He also had diminished sensation in the hand and a positive Tinel's sign. A urine drug screen was obtained on 04/05/13 and 08/05/13. Diagnoses included cervical discopathy; bilateral upper extremity overuse tendinopathy; lumbar sprain/strain; and right carpal tunnel syndrome. Treatment has included oral analgesics. A Utilization Review determination was rendered on 10/03/13 recommending non-certification of "pneumatic cervical traction unit and retrospective urinalysis (obtained on 9/6/13)".

### 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK AND UPPER BACK, TRACTION.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) indicates that cervical traction is not recommended as initial therapy for disorders of the cervical spine. The Chronic Pain Guidelines do not address cervical traction. The Official Disability Guidelines (ODG) indicate that home cervical patient controlled traction is recommended for cervical spine syndromes with radiculopathy. Supine pneumatic traction (Saunders Device) was more effective than over-the-door traction in causing intervertebral separation. In this case, a radiculopathy has not been firmly established including corroboration with imaging and electrophysiologic studies. The injured worker has other non-radicular pathology that may also explain the symptoms. Therefore, the medical record does not document the medical necessity for a pneumatic traction device.

**RETROSPECTIVE URINE DRUG SCREEN (OBTAINED ON 9/6/13):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

**Decision rationale:** This injured worker is on chronic opioid therapy. The California Medical Treatment Utilization Schedule (MTUS) recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) indicate that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in "low-risk" patients, yearly screening is appropriate. "Moderate risk" patients for addiction/aberrant behavior are recommended to have point-of-contact screening 2 to 3 times per year. "High risk" patients are those with active substance abuse disorders. They are recommended to have testing as often as once a month. There is no documentation of behavior that would classify the injured worker as high-risk; the injured worker had a drug screen one month prior to this request. Therefore, the record does not document the medical necessity for the requested drug screen.