

Case Number:	CM13-0049500		
Date Assigned:	01/03/2014	Date of Injury:	08/29/2012
Decision Date:	04/15/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 61-year-old who was injured in a work related accident on August 29, 2012. The clinical records provided for review included an assessment on November 22, 2013 documenting continued subjective complaints of neck and low back pain. The assessment documented that the claimant had recently undergone a course of formal physical therapy of eight (8) sessions for the lumbar and thoracic spine. She also continued to utilize medication management. Her physical examination was documented to show restricted range of motion with tenderness over the C4 and C5 levels with positive "radicular symptomatology" at C4 and C5 in the cervical spine. The lumbar spine also showed restricted range of motion with spasm and tenderness. Neurologically, the claimant also demonstrated weakness with ankle plantar flexion and extensor hallucis longus (EHL) testing on the right compared to the left. The diagnosis was documented as radiculopathy of the cervical and lumbar spine with degenerative disc disease. Recommendation was for a home cervical traction unit and continuation of physical therapy modalities twice weekly for six additional weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY ONE (1) TO TWO (2) TIMES PER WEEK FOR SIX (6) WEEKS FOR THE LUMBAR AND CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation

Official Disability Guidelines; Work Loss Data Institute, Low Back - Lumbar & Thoracic (Acute & Chronic); ACOEM 2004 OMPG Neck/Upper Back Ch. 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued physical therapy for 12 sessions cannot be recommended as medically necessary. The claimant has completed eight (8) formal sessions of physical therapy with an additional 12 sessions being recommended at this chronic stage of treatment. The specific request, given the claimant's recent physical therapy, would exceed the Chronic Pain Guideline recommendation and would not be indicated as medically necessary.

HOME CERVICAL TRACTION UNIT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Neck and Upper back, Traction.

Decision rationale: The California MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, a home traction system would not be indicated. The Official Disability Guidelines clearly indicates that traction can be utilized, but only in claimants with symptoms of mild to moderately severe cervical spinal syndrome with a radicular process. The claimant's current clinical course would not support the role of a home traction device based on lack of recent imaging and documentation of other first line modalities in agents being utilized. Therefore, the requested Home Cervical Traction is not medically necessary.