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| Case Number: | CM13-0050564 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/10/2010 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 10/21/2013 |
| Priority: | Standard | Application Received: | 11/13/2013 |

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 Physical Medicine and Rehabilitation, 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 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:

The patient is a 52 year old female with date of injury 11/10/10. The review is for the purchase of a cervical traction unit. Current diagnoses as outlined in the treating physician report dated 10/11/13 are: (1) Cervical neck pain. (2) Right cervical radiculopathy. (3) Paresthesias. The utilization review report dated 10/21/13 denied authorization for the purchase of a Cervical Traction Unit based on MTUS/ACOEM guidelines. The patient has continued neck pain and right arm pain. MRI of the cervical spine as reported by the treating physician states there is a right cervical disc protrusion at C6/7.

IMR ISSUES, DECISIONS AND RATIONALES

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

The Purchase of a Cervical Traction Unit: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with chronic neck pain with right arm pain and paresthesia. The request is for purchase of a Cervical

Traction Unit. In reviewing the treating physician report dated 8/29/13 it states "here to check the physical therapy, how she is doing with the traction fitting and is post cervical traction, the pain last time was a 4.5 has not changed, no change in the numbness issue, the patient felt it helped 50% ". On 10/11/13 the treating physician states that the patient reports 40-50% reduction of pain with traction and that the pain was a 5/10 and now a 3/10 with recommendation for continuation of traction 2 x week. While ACOEM guidelines do not support traction, ODG guidelines have a more thorough discussion regarding chronic neck radiculopathy and traction. ODG recommends "home cervical patient controlled traction (using a seated over-the-door device or a supine device), for patients with radicular symptoms, in conjunction with a home exercise program. ODG does not recommend institutionally based powered traction devices. In this case, the request is for home traction unit. Trial of traction has provided significant pain reduction and ODG supports a home unit as long as it is not a powered device. Recommendation is for authorization.