

Case Number:	CM13-0054829		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2009
Decision Date:	06/03/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

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 Arizona. 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 is a 58 year-old female who sustained an injury on 5/5/09 due to repetitive lifting. She complains of neck, back, and bilateral shoulder pain. Her diagnoses include cervical spine disc disease, thoracic spine disc disease, failed right shoulder surgery, and left shoulder strain. She has had physical therapy and medication without relief. The latest notes describe neck pain radiating into her arms, hands, and feet with numbness and tingling; she rates the pain at 7/10. A physical examination describes a positive shoulder depressor test which the examiner says indicates nerve root inflammation. The note also mentions a report of a cervical spine MRI revealing a C5-C6 disc space narrowing with 3mm of the left posterior to central encroachment with mild encroachment on the lateral recess and nerve root sleeve. Electro-diagnostic studies done on 7/16/13 were interpreted as showing mild bilateral carpal tunnel syndrome and a mild acute C6 radiculopathy on the left. There is no documentation whether the pain going into her arms follows a dermatomal distribution, whether the sensory changes follow a dermatome distribution or whether there is motor weakness that can be attributed to a nerve root. Deep tendon reflexes are not mentioned and a Spurling's test was not done.

IMR ISSUES, DECISIONS AND RATIONALES

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

SANDERS PNEUMATIC TRACTION WITH US CONDUCTIVE GEL FOR THE CERVICAL SPINE: Upheld

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

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.

Decision rationale: There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, and/or cutaneous laser treatments. These palliative tools may be used on a trial basis, but should be monitored closely. The emphasis should focus on functional restoration and return of patient to activities of normal daily living. The Official Disability Guidelines state that home cervical patient-controlled traction is recommended for patients with radicular symptoms in conjunction with a home exercise program. Studies have demonstrated that home cervical traction can provide symptomatic relief of over 80% of patients with mild to moderately severe cervical spinal syndromes with radiculopathy. However, there is no documentation that the patient has had a trial of cervical traction and, if so, what the results were. There is no documentation to justify the diagnosis of true cervical radiculopathy e.g. pain, sensory loss, motor weakness, or deep tendon reflex changes that correspond to a specific cervical nerve root. Electro-diagnostic studies suggest a mild C6 radiculopathy on the left, but the patient has pain going into both arms and down to her fingers. Finally, there is no indication that the cervical traction is going to be used in conjunction with a home exercise program. Therefore, the medical necessity of purchasing a home cervical traction unit has not been established. As for the ability of this device to produce therapeutic ultrasounds, MTUS states that, despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that it is more effective than placebo. Therefore, the medical necessity of purchasing a home cervical traction unit that can produce therapeutic ultrasounds has not been established. As such, the request is not medically necessary.