

Case Number:	CM13-0055559		
Date Assigned:	12/30/2013	Date of Injury:	12/13/2012
Decision Date:	05/07/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation, 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 52 year old female with date of injury of 12/13/2012. The listed diagnoses per [REDACTED] dated 08/17/2013 are: Cervical/upper trapezial musculoligamentous sprain/strain; status post head contusion with associated residual dizziness and memory difficulties. According to the progress report, the patient complains of head and neck pain with associated dizziness, headaches and memory difficulties. The exam shows tenderness over the paraspinal musculature extending to the upper trapezius muscles with muscle guarding and spasm. There is also the presence of bilateral upper trapezial myofascial trigger points. Spurling's maneuver elicits increased neck pain absent of radicular symptoms. There is slight tenderness to palpation over the superior portion of the cranium without evidence of hematoma. Motor testing of the major muscle groups of the bilateral upper extremities reveals no weakness. The utilization review denied the request on 11/11/2013. The treater is requesting the purchase of a 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 a cervical traction unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with chronic head and neck pain. The treater is requesting a cervical traction unit. The ACOEM Guidelines state, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction." Furthermore, ACOEM page 181 lists "traction" under the "not recommended" section. The ODG, however, do support home traction unit for neck pain with radicular symptoms. In this case, the patient does not present with any radicular symptoms with pain localized to the neck and trapezius. Given the lack of support from the guidelines for the use of traction devices for the treatment of chronic neck pain, the request is not medically necessary and appropriate.