

Case Number:	CM13-0059918		
Date Assigned:	12/30/2013	Date of Injury:	09/21/2012
Decision Date:	04/10/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 who reported an injury on 9/21/12. The mechanism of injury was not specifically stated. The patient is diagnosed with severe cervical sprain and degenerative disc disease at C5-7. The patient was seen by [REDACTED] on 10/22/13. The patient reported ongoing cervical spine pain with bilateral trapezius pain. Physical examination revealed decreased range of motion of the cervical spine with positive myospasm and positive Spurling's maneuver. The patient also demonstrated decreased deep tendon reflexes in the left upper extremity. Treatment recommendations included an authorization for a cervical epidural steroid injection, and continuation of a home cervical traction device.

IMR ISSUES, DECISIONS AND RATIONALES

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

A HOME CERVICAL TRACTION DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

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

Decision rationale: The California MTUS/ACOEM guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities

such as traction. The Official Disability Guidelines recommend home cervical traction for patients with radicular symptoms, in conjunction with a home exercise program. As per the documentation submitted, a request for a home cervical traction device was also submitted in June 2013. Documentation of this patient's previous use of the device was not provided. There was also no information provided in reference to the results of traction during physical therapy. The medical necessity has not been established. As such, the request is non-certified.

A CERVICAL EPIDURAL STEROID INJECTION (ESI):

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The California MTUS guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, a previous request for authorization of a cervical spine epidural steroid injection was submitted on 6/6/13. Documentation of a previous procedure with treatment efficacy was not provided. There is also no evidence of a failure to respond to recent conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. The specific level at which the epidural steroid injection will be administered was not stated in the request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.