

Case Number:	CM13-0061229		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2001
Decision Date:	05/13/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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 Occupational Medicine 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 injured worker is a 61-year-old male who reported an injury on 12/08/2005. The mechanism of injury was heavy lifting. The injured worker had been treated with chiropractic care and physical therapy, heat, ice and medication. The documentation of 08/12/2013 revealed the injured worker had complaints of neck and low back pain, causing tingling, weakness, and numbness, and tenderness rated 6/10 to 10/10. The injured worker complained of extension of the cervical spine causing numbness and paresthesias to the left upper extremity. There was decreased tenderness to palpation of the paracervical, levator scapula, medial trapezius, and parascapular muscles. The cervical range of motion was minimally decreased. The Spurling's sign was mildly positive for neck pain radiating to the levator scapula and trapezius muscles. The reflexes were 2+ bilaterally. The request was made for a home cervical therapy unit and to continue physical therapy 2 times a week times 4 weeks with the cervical traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG)

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

Decision rationale: The Official Disability Guidelines recommend home cervical patient control traction (using a seated over-the-door device or a supine device which may be preferred due to greater forces) for patients with radicular symptoms, in conjunction with a home exercise program. The clinical documentation submitted for review indicated the injured worker complained of the extension of the cervical spine causing numbness and paresthesias in the left upper extremity. The request as submitted failed to indicate the type of cervical traction being requested and whether the cervical traction unit was for rental or purchase. Given the above, the request for DME cervical traction unit is not medically necessary.

H-WAVE 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 (ODG), DME: Home H-Wave Unit, Transcutaneous Electrical Nerve Stimulation (TENS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation topic Page(s): 118.

Decision rationale: The request, as written, represents a request for purchase of the H-Wave device. However, as noted on page 118 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an H-Wave device beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both "pain relief and function." In this case, however, the attending provider seemingly sought authorization to purchase the device without evidence of a previously successful one-month trial of the same. Therefore, the request is not medically necessary.