

Case Number:	CM13-0062991		
Date Assigned:	12/30/2013	Date of Injury:	03/21/2001
Decision Date:	08/22/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/09/2013

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 Neuromusculoskeletal Medicine, 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 patient who sustained a work related injury on the March 28 2001 while lifting a barstool. An MRI dated May 25, 2001 identifies minimal degenerative changes and osteophytes noted at C4-5, C5-6 with minimal cord impingement at C5-6. However, by June 14, 2005, a cervical MRI identifies a 4mm bulge at C5-6, a 3-4mm bulge at C4-5 and 2-3mm bulges at C2-3, C3-4 and C6-7. The patient was initially provided a home cervical traction unit on October 22, 2009 and since initiating its use reports it helps with her neck pain and radicular symptoms. However, in none of the provided qualified medical evaluation (QME) reports, supplemental primary treating physician progress notes from 2012 and 2013 is there any documentation of benefit of use of home cervical traction. In dispute is a decision for a replacement home cervical traction unit. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home replacement cervical traction unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Neck & Upper back Procedure Summary (last update 05/14/2013).

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

Decision rationale: Cervical patient controlled traction is recommend (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. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation and left rotation. (Zylbergold, 1985) Other studies have concluded there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Without up to date medical documentation providing evidence of functional improvement, decrease in discomfort / pain and / or radicular symptoms, I cannot authorize a replacement device. It is highly recommended that future requests provide documentation that is supportive of the request and with up to date medical documentation.