

Case Number:	CM13-0063497		
Date Assigned:	12/30/2013	Date of Injury:	12/15/2011
Decision Date:	05/16/2014	UR Denial Date:	11/19/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 34 year old female with date of injury of 12/15/2011. The listed diagnoses per [REDACTED] dated 11/25/2013 are CS-6 discopathy with bilateral radiculopathy, bilateral upper extremity overuse tendinopathy and rule out lumbar disc herniation. According to the report, the patient presents with neck pain radiating to the arm as well as numbness and tingling in the hands. The physical exam shows rotation of the neck produces increase discomfort. There is a positive head compression sign. She has some mild C6 radiculopathy on the left. The provider is requesting a pneumatic traction cervical unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEW PNEUMATIC TRACTION CERVICAL UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Traction Unit.

Decision rationale: This patient presents with chronic neck pain radiating into the arms. The provider is requesting a pneumatic cervical traction unit. The ACOEM guidelines page 173 states, "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. However, ODG guidelines states, "Recommend home cervical autotraction (patient controlled) devices for patients with radicular symptoms, but not powered traction devices." In this case, the patient can benefit from a cervical traction unit given his persistent neck pain with radiating symptoms. However, the provider is requesting a powered traction device which is not supported by guidelines. Recommendation is for denial.