

Case Number:	CM13-0065371		
Date Assigned:	01/03/2014	Date of Injury:	02/13/2004
Decision Date:	05/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 53 year old female who was injured on 02/13/2004. The mechanism of injury is unknown. The progress note dated 11/11/2013 documented the patient was taking Norco, Flexeril, Ultram, Prilosec, and Anaprox. The patient was not attending therapy and the patient was not working. Her neck pain was constant and was worse at night. She was unable to sleep at times due to pain. Objective findings on exam revealed tenderness over T9-10 to percussion. The diagnosis (related to the request) was musculoligamentous sprain of the cervical spine with upper extremity radiculitis and disc bulges at C4-5 (3mm); C5-6 (4 mm) and C6-7 (1-2 mm). According to the treatment plan, the patient was prescribed an inversion table for home use for temporary nerve decompression, an over the door home cervical traction unit for home use and exercises. The progress not dated 09/30/2013 did not document any radicular findings in the upper extremity and the note dated 08/07/2013 reported the patient had L/S pain causing bilateral left pain. On exam, the straight leg raise tested 50 on the right and 60 on the left. There are no documented exam findings for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A HOME 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 Chapter, Traction Section.

Decision rationale: According to the Official Disability Guidelines (ODG), home cervical patient controlled traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. According to the limited records provided, the patient was diagnosed with upper extremity radiculitis; however, there are no subjective complaints or physical examination performed/documented in the three progress notes received (11/11/2013, 09/30/2013 and 08/07/2013). Without documented evidence of radicular symptoms and the referenced guidelines, the request is not medically necessary.