

Case Number:	CM13-0066331		
Date Assigned:	01/03/2014	Date of Injury:	07/12/2007
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/17/2013

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, 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 filed a claim for chronic neck and shoulder pain associated with an industrial injury of July 12, 2007. The patient has had multiple surgeries to both shoulders from 2008 to 2011. Other treatments to date include physical therapy, muscle relaxants, opioid and non-opioid analgesics, and topical analgesics. An EMG/NCV performed on July 08, 2010 did not show evidence of cervical radiculopathy. A cervical MRI performed on January 05, 2012 showed some degree of left and right foraminal narrowing, which was similar to previous MRI examination. The patient remains temporarily totally disabled. Review of progress notes from 2013 shows multiple complaints of the neck and shoulders; there is worsening neck pain with radiation to the right arm accompanied by headache and evidence of impingement, with subsequent decrease in activity level. The patient also reports right facial pain since February 2013. In a utilization review report of November 21, 2013, the claims administrator denied a request for cervical traction device

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL TRACTION DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-189, 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 173.

Decision rationale: The Official Disability Guidelines (ODG) recommends home cervical patient controlled traction for patients with radicular symptoms, in conjunction with a home exercise program. However, as the ACOEM Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. In addition, the ODG does not recommend powered traction devices. In this case, although the patient reports symptoms of radiating neck pain going down the right arm, there is no documentation of any objective findings of radiculopathy. Therefore, the request for cervical traction device is not medically necessary and appropriate.