MAXIMUS Federal Services

Case Number:	CM13-0072575		
Date Assigned:	01/08/2014	Date of Injury:	07/07/2005
Decision Date:	08/20/2014	UR Denial Date:	12/08/2013
Priority:	Standard	Application Received:	12/31/2013

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 7, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report dated December 9, 2013, the claims administrator denied a request for cervical inversion traction unit purchase. The applicant's attorney subsequently appealed. In an August 5, 2011 progress note, the applicant was described as off of work, on total temporary disability. The applicant was receiving home health care four to six hours a day, it was further noted. In a May 6, 2013 progress note, the applicant's psychologist placed the applicant off of work from a mental health perspective indefinitely. The applicant was described as having issues with depression, mood disorder, confusion and sleep deprivation. The applicant was constantly missing doctor's appointment secondary to pain, it was stated. The attending provider also sought authorization for additional psychotherapy and a massage recliner chair. On October 15, 2013, the applicant apparently presented to the emergency department for an acute flare of pain and was given prescriptions for Flexeril. The applicant was asked to continue previous prescriptions for Dilaudid and Percocet. On October 17, 2013, it was stated that the applicant should obtain additional chiropractic therapy while remaining off of work. On October 4, 2013, the applicant's psychologist sought authorization for home health care, massage care, a cane, additional physical therapy, and a firm mattress. It appears that traction was subsequently endorsed via request for authorization form dated December 2, 2013. On handwritten progress note of November 21, 2013, it was stated that the applicant should obtain a Toradol injection, an inversion table device,

Aldactone, and continue other medications. The note was very difficult to follow. The applicant was described as permanently partially disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL INVERSION TRACTION UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 308, 173.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): TABLE 8-8, PAGE 181,Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, traction, the modality being sought here, is deemed not recommended. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines emphasize active therapy, active modalities, and self-directed home physical medicine during the chronic pain phase of an injury as opposed to continued reliance on passive modalities such as traction. No clear compelling rationale for traction was furnished in the face of the unfavorable MTUS recommendations. The progress note provided, as noted previously, was handwritten and difficult to follow and did not offer any evidence to offset the unfavorable MTUS recommendations. Therefore, the request is not medically necessary.