

Case Number:	CM14-0001989		
Date Assigned:	01/24/2014	Date of Injury:	05/11/2009
Decision Date:	06/06/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/03/2014

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 Maryland. 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:

A 12/17/13 office visit reveals that the patient's gait is antalgic. There's significant tenderness over the lateral medial right knee joint with slight swelling and positive McMurray test. On September 18, 2013 the patient underwent a Panel Qualified Medical Re-Examination which states that on November 20 2012 patient had a pain management follow-up and procedure note. She was reporting significant lower back pain radiating to her right lumbar region into her right lower extremity. She also complained of significant neck pain and spasms, which worsened with cold weather. She was on Zanaflex, Neurontin, Norco, and Lidoderm patches. She reported benefit with her lumbar traction unit. He recommended she use a cervical traction union, as well to reduce pain, increase range of motion and provide decompression of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE SERVICE: CERVICAL TRACTION PURCHASE DOS: 11/29/13:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines - Neck Chapter: Traction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck And Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back-Traction.

Decision rationale: The request for retrospective cervical traction purchase DOS 11/29/13 is not medically necessary per the MTUS and (ODG) Official Disability Guidelines. For the cervical area the guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. The ODG states that a home cervical patient controlled traction device can be used for patients with radicular symptoms, in conjunction with a home exercise program. The documentation does not indicate physical exam findings of radicular symptoms or documentation of this in conjunction with a home exercise program. The MTUS states that there is no scientific evidence for passive physical modalities such as traction. The request for a retrospective cervical traction purchase date of service, 11/29/13 is not medically necessary.