

Case Number:	CM14-0002988		
Date Assigned:	01/29/2014	Date of Injury:	06/11/2011
Decision Date:	06/19/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 injured worker is a 55-year-old male who reported injury on 06/16/2011. The mechanism of injury was slip and fall. The documentation of 09/12/2013 revealed the injured worker had LINT therapy, medications, transdermal, and a TENS unit. The injured worker had tenderness to palpation in the cervical spine and had neck spasms. The diagnosis was cervical and lumbar discopathy. The treatment plan included request for epidural of the lumbar spine at L4-5, cervical MRI, TENS supplies, and a home cervical traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME CERVICAL TRACTION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Traction Section.

Decision rationale: The Official Disability Guidelines (ODG) indicate a cervical patient controlled traction unit using a seated over the door device or supine pneumatic device, which may be preferred due to greater force, is appropriate for patients with radicular symptoms in

conjunction with a home exercise program. The clinical documentation indicated the injured worker had neck spasms and pain. The request as submitted failed to document whether the unit would be used as an adjunct to a home exercise program, the duration of use and the type of traction unit being requested. Given the above, the request for a home cervical traction unit is not medically necessary.