

Case Number:	CM14-0006711		
Date Assigned:	02/07/2014	Date of Injury:	05/10/2012
Decision Date:	06/23/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/17/2014

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, has a subspecialty in Interventional Spine 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 59 year-old female who was injured on 5/10/2010. She has been diagnosed with postconcussive syndrome; cervicocranial syndrome; and sprain of neck. According to the 12/19/13 pain management report from [REDACTED], the patient came to the office for medication refills, and there is a request for a Saunders brand cervical traction unit, without a rationale or physical examination provided. The traction unit was denied by UR on 1/16/14.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), 173-174

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter for traction.

Decision rationale: The patient is a 59 year-old female who was injured on 5/10/2010. She has been diagnosed with postconcussive syndrome; cervicocranial syndrome; and sprain of neck. I

have been asked to review for a cervical traction unit. ACOEM guidelines states there is no high grade evidence to show whether cervical traction does or does not work. ODG guidelines were consulted, and recommended the over the door type for cervical radicular symptoms, then points out that recent studies showed that 20-55 lbs of traction, more than over-the-door units can provide, had good results in treating cervical radiculopathy. ODG states cervical traction should be combined with exercise techniques to treat patients with neck pain and radiculopathy. The medical records do not document cervical radiculopathy, and there is no diagnoses of radiculopathy. The request for cervical traction in a patient that is not shown to have radiculopathy, is not in accordance with ODG guidelines. Therefore is not medically necessary.