

Case Number:	CM14-0006745		
Date Assigned:	02/07/2014	Date of Injury:	10/10/2012
Decision Date:	07/02/2014	UR Denial Date:	01/06/2014
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 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:

This is a 50-year-old male patient with a 10/10/12 date of injury. 9/5/13 progress report indicates bilateral lower back pain and neck pain. His physical exam demonstrates decreased lumbar range of motion, bilateral lumbar tenderness. 10/3/13 physical exam demonstrates intact lower extremity sensation. Treatment to date has included physical therapy, medication, activity modification. There is documentation of a previous adverse 1/6/14 determination for lack of guidelines support for powered traction devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

PNEUMATIC CERVICAL TRACTION DEVICE: Upheld

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

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

Decision rationale: ODG recommends home cervical patient controlled traction for patients with radicular symptoms, in conjunction with a home exercise program. However, CA MTUS states that there is no high-grade scientific evidence to support the effectiveness or

ineffectiveness of passive physical modalities such as traction. In addition, ODG does not recommend powered traction devices. However, there is limited objective evidence to corroborate the specific nature of the patient's cervical spine pathology. It is unclear why gravity-based inversion therapy would be insufficient. With CA MTUS and ODG not recommending traction in general and powered traction specifically, there is no indication for the proposed device. Therefore, the request for a PNEUMATIC CERVICAL TRACTION DEVICE was not medically necessary.