

Case Number:	CM14-0104268		
Date Assigned:	10/07/2014	Date of Injury:	09/10/2013
Decision Date:	11/07/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/07/2014

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 60-year-old female with a 9/10/13 date of injury. The patient was seen on 3/4/14 with complaints of neck and shoulder pain. The neck pain radiates to the right shoulder. Exam findings revealed diminished motor strength in the right, a partially positive Spurlings test and a partially diminished triceps reflex. Her diagnosis is rule out herniated disc at C6/C7 and right rotator cuff tear status post surgery. Treatment to date: medications and PT. An adverse determination was received on 6/3/14 as there was insufficient documentation of radicular symptoms. In addition, there was insufficient documentation that the patient had used this unit before and had any reduction in pain or functional gains.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Traction: Upheld

Claims Administrator 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, Neck and Upper Back Procedure Summary

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 Chapter-Traction

Decision rationale: 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. ODG recommends home cervical patient controlled traction for patients with radicular symptoms, in conjunction with a home exercise program. There is a lack of documentation with regard to this patient's neck pain radicular symptoms. An MRI was ordered, but the results were not provided, and there is no mention of using this device with a home exercise program for her neck and radicular arm pain. Therefore the request for cervical traction was not medically necessary.