

Case Number:	CM14-0107500		
Date Assigned:	08/01/2014	Date of Injury:	04/05/2011
Decision Date:	12/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/10/2014

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 sustained a work related injury on April 5, 2011, as a result of trying to open a fire door that was stuck, with pain noted going down the right arm. An Agreed Medical Examination dated November 21, 2013, noted the injured worker reporting tingling and numbness in the right hand, noting right shoulder surgery had been performed in September 2012. Examination was noted to show decreased sensibility of the index and long fingers of the right hand, and decreased grip strength in the right upper extremity, with the impression of cervical radiculopathy and right upper extremity carpal tunnel syndrome. A MRI of the cervical spine dated January 30, 2014, was noted to show degenerative central stenosis C3-C7, severe discogenic spondylosis C3-T1, facet arthrosis, and restricted range of motion in extension. The Primary Treating Physician's report of May 1, 2014, noted the injured worker with right side neck, and shoulder pain radiating down right arm. The Physician noted tenderness and spasm of the right paracervical trapezius, with the diagnoses of right shoulder impingement syndrome and cervical disc protrusion/DDD with radiculopathy. The injured worker's conservative treatments were noted to have included oral and topical medications, and physical therapy. A Physical Therapy evaluation dated May 28, 2014, submitted for review was incomplete, however did note the injured worker exhibited increased pain, decreased strength, poor posture, with excellent rehabilitation potential. The Primary Treating Physician submitted a request for authorization for cervical traction. On June 12, 2014, Utilization Review evaluated the request for cervical traction, citing the Official Disability Guidelines (ODG) Neck and Upper Back Chapter, and MTUS American College of Occupational and Environmental Medicine (ACOEM) Neck Chapter. The UR Physician noted the injured worker had not been documented to benefit from use of this modality, potentially making purchase preemptive. Therefore the UR Physician

recommended modification of the request to certify a thirty day rental of cervical traction device. The decision was subsequently appealed to Independent Medical Review.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Traction

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 & Upper Back Chapter, Cervical Traction Unit

Decision rationale: The injured worker sustained a work related injury on April 5, 2011, as a result of trying to open a fire door that was stuck, with pain noted going down the right arm. Diagnoses include right shoulder impingement syndrome and cervical disc protrusion/DDD with radiculopathy. The injured worker's conservative treatments were noted to have included oral and topical medications, and physical therapy. Per ACOEM Treatment Guidelines for the upper back and neck, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per ODG, cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. In addition, there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. The MRI showed degenerative changes with canal stenosis without clear neural foraminal stenosis or nerve impingement; there are no clinical findings with correlating dermatomal or myotomal neurological deficits identified. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. Treatment plan had recommendation for cervical traction; however, there is no documented functional improvement from treatment rendered to support for the home DME. The Cervical Traction is not medically necessary and appropriate.