

Case Number:	CM14-0013662		
Date Assigned:	02/26/2014	Date of Injury:	09/10/2002
Decision Date:	07/11/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/03/2014

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:

The patient is a 67-year-old male who has submitted a claim for neuralgia, neuritis, and radiculitis, unspecified and brachial neuritis or radiculitis not otherwise specified, associated with an industrial injury date of September 10, 2002. The patient complains of continued pain and stiffness in the neck and shoulder area after completing six chiropractic treatments. He was being treated for cervical sprain/strain and has undergone an 11-year course of treatment for the right shoulder and neck complaints. Physical examination showed a positive Allen's on the right, positive distraction test decreasing radicular pain to the right shoulder, and a positive Spurling's on the right decreasing radicular pain to the right shoulder. The diagnostic impression was not specified. The treatment plan recommendations include a Posture Pump to provide decompression and reshaping of the cervical spine. Treatment to date has included oral analgesics, physical therapy, and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

**DURABLE MEDICAL EQUIPMENT HOME ELLIPTICAL EXPANSION
DECOMPRESSION UNIT CALLED POSTURE PUMP, CERVICAL QUANTITY : 1:**
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: As stated on page 173 of the ACOEM, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. This palliative tool may be used on a trial basis, but should be monitored closely. The Official Disability Guidelines recommend patient-controlled home cervical traction for patients with radicular symptoms, in conjunction with a home exercise program. In this case, there is conflicting information with regards to the 12/12/13 physical examination finding of a positive distraction test decreasing radicular pain to the right shoulder and a positive Spurling's on the right decreasing radicular pain to the right shoulder. Moreover, the diagnostic impression was not specified. No imaging studies of the cervical spine were provided that would support nerve root compression necessitating cervical traction. There is no compelling rationale that would warrant the use of this equipment at this time. As such, the request is not medically necessary.