

Case Number:	CM14-0019623		
Date Assigned:	03/19/2014	Date of Injury:	08/01/2013
Decision Date:	04/25/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/18/2014

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 Family Practice and is licensed to practice in Texas. 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 41-year-old male who reported an injury on 08/01/2013. The mechanism of injury was noted to be that the patient was trying to lift a large table over his head into a dumpster, and the table fell on his head. The patient's diagnoses were sprains and strains of the cervical and thoracic spines. The patient was noted to be working full-time. The documentation of 01/16/2014 revealed that the patient had 12 chiropractic visits which helped when they treated him with traction. The objective physical examination of the cervical spine revealed that the patient had upper cervical paraspinal and upper trapezius muscles slightly with increased tone and tenderness to palpation. The cervical spine range of motion was essentially normal with guarding at the end of range of motion, but was limited to 30 degrees. The Spurling's test was negative. The sensation was intact, as was the motor strength. The request was made for a Saunders type traction device for home use and to continue the home exercise program and stretching as well as ibuprofen and Flexeril for bedtime. The patient was continuing to work without restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

SAUNDERS TYPE CERVICAL TRACTION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

Decision rationale: ACOEM guidelines indicate that there is moderate research-based evidence to support the use of cervical traction. However, as there were no specific indications for cervical traction, secondary guidelines were sought. The Official Disability Guidelines recommend home cervical patient-controlled traction units for patients with radicular symptoms in conjunction with a home exercise program. The clinical documentation submitted for review indicated that the patient had 12 visits of chiropractic treatments with traction and had benefit. However, there was a lack of documentation of objective functional benefit received from the traction. The patient was noted to be working full-time. The clinical documentation indicated that the patient had chronic neck pain without radicular symptoms or radiculopathy upon objective examination. The request as submitted failed to indicate if the unit was for purchase or rental. Additionally, it failed to provide the duration for the requested service. Given the above, the request for a Saunders type cervical traction unit is not medically necessary.