

Case Number:	CM14-0110241		
Date Assigned:	08/01/2014	Date of Injury:	02/01/2011
Decision Date:	09/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/15/2014

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 & 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 is a 63-year-old male with a reported date of injury of 02/01/2011. The injury reportedly occurred when the injured worker was securing a passenger in a wheelchair on the bus and hit the top of his head and back of his neck. His diagnoses were noted to include degenerative cervical disc disease, ankylosing vertebral hyperostosis, and repeat prescriptions. His previous treatments were noted to include physical therapy, acupuncture, and cervical traction. The progress note dated 03/24/2014 revealed complaints about persistent neck pain that was worse on the right. The injured worker indicated that he had completed his physical therapy and the cervical traction gave him more relief than anything at that time. The cervical spine examination revealed reduced range of motion in all planes and pain was aggravated with extension and rotation. There was pain noted in the mid paracervical areas that extended up in the occipital areas. Pain was greatly aggravated with extension and the deep tendon reflexes were reduced and symmetric in the upper extremities. There was a negative Spurling's test noted. The provider indicated the injured worker was to continue with his home exercise program and requested a 30 day trial of a home cervical traction unit. The progress note dated 05/07/2014 revealed complaints of neck pain with no radiation to the upper back or extremities rated 6/10. The physical examination of the cervical spine revealed decreased range of motion and tenderness to palpation of the bilateral lower thoracic lateral masses. The strength to the bilateral upper extremities was rated 5/5 and the deep tendon reflexes bilaterally to the upper extremities were 1/4. The Request for Authorization form was not submitted within the medical records. The request was for a purchase of a Saunders cervical traction unit; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Saunders Cervical Traction Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Traction.

Decision rationale: The request for a purchase of a Saunders cervical traction unit is not medically necessary. The injured worker indicated the cervical traction unit gave him effective pain relief. The Official Disability Guidelines recommend a home cervical patient-controlled traction, for patients with radicular symptoms, in conjunction with a home exercise program. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe cervical spinal syndrome with radiculopathy. Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation, and left rotation. Cervical traction should be combined with exercise techniques to treat patients with neck pain and radiculopathy. In reviewing the current published evidence, the guidelines concluded that cervical traction is recommended to treat cervical radiculopathy using greater than 20 pounds of intermittent force. There is a lack of documentation regarding radiculopathy diagnosis or symptoms. Additionally, there is a lack of documentation regarding a 30 day trial of a home cervical traction unit. Therefore, the request is not medically necessary.