

Case Number:	CM14-0123448		
Date Assigned:	08/08/2014	Date of Injury:	05/05/2004
Decision Date:	09/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 44 years old male with an injury date on 05/05/2004. Based on the 07/09/2014 progress report provided by Dr. [REDACTED], the diagnoses are: 1. Discogenic cervical condition with radicular component along the left upper extremity mostly seen in EMGs suggesting some kind of traction injury to the left arm. Subsequent evaluation has shown that he has myelopathy for which he has received decompression and fusion with instrumentation from C5 through C7. Nerve studies have been done in Feb. 2014, result not available. 2. Rotator cuff tear on the right status post decompression repair (he is status post two surgical intervention). 3. Discogenic lumbar condition with radicular component down the lower extremities with positive EMGs showing L5-S1 radiculopathy bilaterally. Nerve studies have been done in Feb. 2014, the result are not available. 4. Internal derangement of the knee on the right resulting eventually in total knee replacement 5. The patient has an element of depression, sleep disorder, sexual dysfunction, headaches, and weight loss 6. Left foot condition of fracture not seen in my office, although part of initial claim, and I have received the results 7. The patient has weight loss increasing now to 40 pounds. According to this report, the patient complains of neck, low back, right limb, right shoulder and left foot pain. The 07/14/2014 report indicates cervical MR scan on 07/26/2013 shows a new C6-C7 disk extrusion with spinal cord compression, persistent small C3-C4 central disk protrusion, and C4-C5 and C5-C6 moderate spondylosis. The MRI report was not including in the file for review. Stiffness with decreased range of motion of the cervical spine was noted. The patient is status post C5-C6 and C6-C7 anterior discectomy, removal of an osteophyte, and placement of anterior cervical plate from C5 through C7 with screws on 10/8/2013. There were no other significant findings noted on this report.

The utilization review denied the request on 07/22/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 01/22/2014 to 07/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 neck traction with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: According to the 07/09/2014 report by Dr. [REDACTED] this patient presents with neck, low back, right limb, right shoulder and left foot pain. The treating physician is requesting a prospective request for 1 week traction with air bladder. Regarding cervical traction, ACOEM states "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely." Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. In this case, the requested cervical traction unit is not supported by the guidelines. The request is not medically necessary and appropriate.