

Case Number:	CM14-0134563		
Date Assigned:	08/29/2014	Date of Injury:	04/22/2013
Decision Date:	10/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/22/2014

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 Preventive 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:

According to the records made available for review, this is a 60-year-old female with a 4/22/13 date of injury. At the time (7/23/14) of request for authorization for low-cost Cervical traction unit 30 day rental, there is documentation of subjective (popping and increased pain in the neck) and objective (tenderness over the right side of the neck and trapezius) findings, current diagnoses (cervical degenerative disc disease with flare-up), and treatment to date (not specified). Medical report identifies a request for low-cost cervical traction unit for the patient to use at home as directed by physical therapy. There is no documentation of radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low-Cost Cervical Traction Unit 30 Day Rental: 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): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction

Decision rationale: MTUS reference to ACOEM guidelines identifies that traction is not recommended for managing neck and upper back complaints. ODG identifies that home cervical

patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces) is recommended for patients with radicular symptoms, in conjunction with a home exercise program. Within the medical information available for review, there is documentation of a diagnosis of cervical degenerative disc disease with flare-up. However, despite documentation of a request for low-cost cervical traction unit for the patient to use at home as directed by physical therapy, there is no documentation of radicular symptoms. Therefore, based on guidelines and a review of the evidence, the request for low-cost Cervical traction unit 30 day rental is not medically necessary.