

Case Number:	CM14-0156629		
Date Assigned:	09/26/2014	Date of Injury:	11/04/2013
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/24/2014

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 Anesthesiologist and Pain Medicine, and is licensed to practice in Florida. 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 61-year-old male who reported an injury on 11/04/2013. The mechanism of injury was not provided. Diagnoses include right cervical radiculopathy and chronic cervical sprain/strain. Past medical treatment included physical therapy, medications, right C6-7 transforaminal epidural steroid injection on 06/05/2014, and acupuncture. Diagnostic testing included an MRI of the cervical spine done in 11/2013. Surgical history was not provided. The injured worker complained of increased pain to the neck radiating to the right side of the trapezius muscle, right shoulder, right arm and hand on 09/08/2014. The injured worker described his level of pain to be a 9/10 in severity without medications. The physical examination revealed tenderness at C6 and positive Spurling's test. Medications were not included. The treatment plan is for portable cervical traction unit, quantity 1. The physician stated the cervical traction unit had been beneficial in the past when used during physical therapy. The Request for Authorization form was submitted on 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Portable cervical traction unit, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 5th Edition 2007 or Current Year, Neck and Upper Back (Acute and Chronic), Traction

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

Decision rationale: The request for Portable cervical traction unit, QTY: 1 is not medically necessary. The injured worker complained of increased pain to the neck radiating to the right side of the trapezius muscle, right shoulder, right arm and hand on 09/08/2014. The California MTUS/ACOEM guidelines state 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. The Official Disability Guidelines (ODG) recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. The guidelines do not recommend institutionally based powered traction devices. There is lack of physical examination findings to support the diagnosis of radiculopathy in the evaluation of 09/08/2014. There is lack of documentation stating this traction device will be used in combination of a home exercise program. In addition, the submitted request does not specify the duration or frequency of use with the traction unit. Therefore, the request for Portable cervical traction unit, QTY: 1 is not medically necessary.