

Case Number:	CM14-0166980		
Date Assigned:	10/14/2014	Date of Injury:	05/30/2011
Decision Date:	12/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/09/2014

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 66-year-old female who reported an injury when she was pulling a patient while cleaning him on 05/30/2011. On 06/04/2014, her diagnoses included cervical radiculopathy. Her complaints included neck pain with radiation to the left (greater than right) upper extremity and left low back/buttocks/lower extremity pain. There was tenderness noted in the paracervical and sternocleidomastoid muscles. An MRI of the cervical spine on 11/27/2011 noted degenerative changes in the cervical spine mainly effecting the C4-5 and C5-6 levels, resulting in severe right neural foraminal stenosis at C5-6, potentially affecting the exiting right C6 nerve root. There was less severe foraminal narrowing at other levels. The degree of central canal narrowing was at most mild with no cord compression identified. Her treatment plan recommendations included physical therapy and cervical traction for neck pain and radicular pain. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home traction unit for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG, neck and upper back

Decision rationale: The request for home traction unit for the cervical spine is not medically necessary. The California ACOEM Guidelines note that 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. Emphasis should focus on functional restoration and return of patient's to activities of normal daily living. The Official Disability Guidelines 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. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe cervical spinal syndromes with radiculopathy. Patients receiving intermittent traction perform significantly better than those assigned to the no traction groups in terms of pain, forward flexion, and right and left rotation. This injured worker reported that she came in for her examination because her neck was stiff and she was starting to feel increased pain in the right side of her neck and right scapular area from doing traction at home. She stated that she would like to return to chiropractic treatment with massage and gentle traction. The guidelines recommend using traction on a trial basis. While using a home traction unit, this injured worker reported increasing pain and was requesting a resumption of chiropractic treatment and traction administered by the chiropractor. Additionally, the request did not specify whether this was to be a purchase or a rental. Furthermore, there were no parameters regarding amounts of traction and frequency of treatment. The need for a home traction unit was not clearly demonstrated in the submitted documentation. Therefore, the request for home traction unit for the cervical spine is not medically necessary.