

Case Number:	CM14-0169094		
Date Assigned:	10/17/2014	Date of Injury:	05/19/2009
Decision Date:	11/19/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 52 years old man with a date of injury on 5/19/2009 at which time he hurt his neck, low back, and bilateral knees. 8/10 pain is worst in the knees where it is accompanied by numbness, tingling, and spasms. He has been treated with medications and injection and has significant restriction in the neck range of motion on exam. His diagnoses include international derangement, bilateral knees; discogenic lumbar condition with radicular component; discogenic cervical condition with radicular component; and anxiety, depression, sleep disorder, and sexual dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction with air bladder (purchase): 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), Knee & Leg Chapter, Neck & Upper Back Chapter, Unloader braces for the knee, Cold/Heat packs, Traction

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

Decision rationale: Per American College of Occupational and Environmental Medicine Guidelines (ACOEM), there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of workers to activities of normal daily living. There is no indication what conservative measures this worker received, aside from heat and ice, for functional restoration. The request is not medically necessary.