MAXIMUS Federal Services

Case Number:	CM14-0170327		
Date Assigned:	10/20/2014	Date of Injury:	03/07/2013
Decision Date:	11/20/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/15/2014

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 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:

This patient sustained an injury on 3/7/13 while employed by [redacted]. Request(s) under consideration include Cervical Home Traction (rental or purchase) and Functional Capacity Evaluation. Diagnoses include cervical radiculopathy. QME report of 6/12/13 noted patient with future medical for medications, Physical therapy and follow-up eval. Reports of 4/3/14 and 5/19/14 from the provider noted the patient with ongoing chronic neck pain with left upper extremity pain rated at 5/10, numbness and tingling. There was also left shoulder pain rated at 5/10 with decreased range one exam. Treatment included pain medications and possible posterior facet blocks. Report of 5/15/14 from the pain management provider noted neck pain radiating into the arms rated at 7/10 decreased to 4/10 with medications. Exam showed cervical spine with paracervical spasm, tenderness and limited range with decreased sensation at C8 dermatomes. Report of 8/19/14 noted continued neck pain radiating to the arms rated at 7/10 to 4/10 with medications. Exam showed paracervical spasm, tenderness, and grip strength of 4/5 bilaterally with decreased sensation over C8 dermatomes. The request(s) for Cervical Home Traction (rental or purchase) and Functional Capacity Evaluation were non-certified on 9/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Home Traction (rental or 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), Neck & Upper Back Procedure Summary, Home Cervical patient controlled Traction

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

Decision rationale: Per ACOEM Treatment Guidelines for the upper back and neck, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per ODG, cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program, not seen here. In addition, there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. There is no MRI showing clear neural foraminal stenosis or nerve impingement and clinical findings has no correlating dermatomal or myotomal neurological deficits identified. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. Treatment plan had recommendation for cervical traction; however, follow-up report had no documented functional improvement from treatment rendered to support for purchase of DME. The Cervical Home Traction (rental or purchase) is not medically necessary and appropriate.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty procedure summary, Guidelines for performing an FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138

Decision rationale: Per submitted reports, the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled, without functional change. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple non-medical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.