

Case Number:	CM14-0177118		
Date Assigned:	10/30/2014	Date of Injury:	04/15/2013
Decision Date:	12/05/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/27/2014

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 Emergency 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:

The injured worker is a 65-year-old female who reported an injury on 04/15/2013. While assisting a patient, the patient became agitated and threw a soda cup, hitting the injured worker in the head and neck and the injured worker felt a sudden onset of pain. The injured worker complained of neck pain with headaches. The diagnoses included cervical disc disease. The medications included Motrin, Robaxin, and omeprazole. The injured worker reported pain to the cervical spine of 5/10 and complained of lower back pain at 8/10 using the VAS (visual analog scale). Past treatments included physical therapy and medication. The diagnostics included an MRI dated 06/03/2013 revealed mild disc bulge was noted minimally effacing the anterior thecal sac at the C5-6. The EMG/NCV of the neck and upper extremities on 05/05/2014 revealed normal findings. The physical examination dated 09/16/2014 of the cervical spine revealed midline with abnormal lordosis. There was moderate tenderness noted on the cervical paravertebral musculature extending to the left trapezius muscle with spasms. Axial head compression was positive on the left and Spurling sign was positive on the left. The range of motion was flexion 20 degrees bilaterally and extension 50 degrees bilaterally. Examination of the upper extremities was negative for tenderness or edema. The injured worker presented with moderate to severe neck pain that radiated to the left upper extremity at the C5-6 distributions on the left. The treatment plan included a cervical traction unit and a urine drug screen. The Request for Authorization dated 10/30/2014 was submitted with documentation. The rationale for the cervical traction unit was for patients with radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction unit purchase, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back Chapter, Traction

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Traction (mechanical) and TENS (transcutaneous electrical nerve stimulation)

Decision rationale: The request for a cervical traction unit purchase #1 is not medically necessary. 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. Additionally, units are not recommended as a primary treatment modality, but a one-month home-based TENS trial for neck pain. The documentation was not evident for a 1 month trial based unit for the neck pain. Furthermore, the documentation was not evident of radicular pain per the EMG/nerve conduction study. Additionally, the documentation did not include a home exercise program as recommended. As such, the request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Screening For Risk of Addiction (Tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. Additionally, the clinical notes were not evident that the injured worker was currently taking any narcotics. There is also no evidence of opioid use. The request is not medically necessary.