

Case Number:	CM14-0179612		
Date Assigned:	11/04/2014	Date of Injury:	06/04/2012
Decision Date:	12/09/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old female with a 6/4/12 date of injury. At the time (9/17/14) of the request for authorization for DME cervical traction with air bladder rental, there is documentation of subjective (daily pain ranges from 4/10 to 9/10, she admits to neck pain with numbness and tingling that comes and goes) and objective (neck flexion is to 25 degrees and extension is to 20 degrees) findings, current diagnoses (discogenic cervical condition with two-level disc disease and foraminal narrowing above them at C3-C4 on the right and facet wear at C4-C5 and C5-C6 with radicular component along the upper extremity), and treatment to date (medication). There is no documentation that the unit is a patient controlled device and will be used in conjunction with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Cervical Traction with Air Bladder Rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction

Decision rationale: MTUS reference to ACOEM Guidelines identifies that traction is not recommended for managing neck and upper back complaints. ODG identifies that home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces) is recommended for patients with radicular symptoms, in conjunction with a home exercise program. Within the medical information available for review, there is documentation of diagnoses of discogenic cervical condition with two-level disc disease and foraminal narrowing above them at C3-C4 on the right and facet wear at C4-C5 and C5-C6 with radicular component along the upper extremity. In addition, there is documentation of radicular symptoms. However, there is no documentation that the unit is a patient controlled device and will be used in conjunction with a home exercise program. Therefore, based on guidelines and a review of the evidence, the request for DME cervical traction with air bladder rental is not medically necessary.