

Case Number:	CM14-0184619		
Date Assigned:	11/12/2014	Date of Injury:	08/08/2001
Decision Date:	12/19/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/06/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 60 years old male with an injury date on 08/08/2001. Based on the 08/26/2014 hand written progress report provided by the treating physician, the diagnoses are: 1. Cervical radiculopathy, chronic 2. S/P cervical fusion 3. Norcotic dependence 4. S/P CTR x4 According to this report, the patient complains of neck pain, arms pain with headaches and low back pain. Patient is rated an 8/10 without medications and a 4/10 with medications. Physical exam reveals decreased cervical range of motion. The 06/23/2014 report indicates patient has "intractable neck pain radiating to his upper extremity and his bilateral low back pain radiates to his lower extremities." There were no other significant findings noted on this report. The utilization review denied the request on 10/31/2014. The requesting provider provided treatment reports from 03/03/2014 to 08/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Traction for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Traction, 173,181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Shoulder Chapter (updated 12/13/13), Traction.

Decision rationale: According to the 08/26/2014 report, this patient presents with neck pain, arms pain with headaches and low back pain. The treating physician is requesting cervical traction for home use. ACOEM guidelines page 173 on C-spine traction states, "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. Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. However, ODG guidelines do support patient controlled traction units for radicular symptoms. In this case, the patient does present with radicular symptoms. It states, "Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy."The requested cervical traction may appear reasonable but while the patient has arm symptoms, radiculopathy is not documented. The patient underwent cervical fusion and there is no description of nerve root lesion that may benefit from distraction of the vertebral disc(s). ODG supports traction for C-spine radiculopathy which this patient does not present with. Therefore the request is not medically necessary.