

Case Number:	CM14-0021426		
Date Assigned:	06/11/2014	Date of Injury:	07/26/2002
Decision Date:	07/29/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/20/2014

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 & 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 72 year-old male Truck Driver sustained an injury on 7/26/2002 while employed by [REDACTED]. Request under consideration includes one home cervical traction unit and 18 sessions of physical therapy. Diagnoses list Cervicalgia/cervical radiculopathy. There is past history of low back surgery in 1984 and neck surgery on 4/7/03 with C5-6 and C6-7 cervical discectomy and arthodesis. The patient has been deemed P&S (Permanent and Stationary) on 6/5/04 with permanent restrictions; however it was noted the patient has not worked since November 2002. Report from the provider noted patient with chronic ongoing neck pain with aggravation over a year ago. The patient has also had mechanical low back and right shoulder pain. Past treatment with physical therapy and extensive epidural injections have not proven functionally beneficial. There is notation the patient sustained a stroke in 2004 and continues with right leg weakness. Exam showed limited cervical range secondary to pain; negative Spurling's; mild shoulder impingement on right when arm is drawn across the chest. The request for one home cervical traction unit and 18 sessions of physical therapy was non-certified on 2/3/14 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:

One home cervical traction unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines, neck & Upper Back (Acute & Chronic).

Decision rationale: According to 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. Clinical findings have no correlating dermatomal or myotomal neurological deficits identified. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. The one home cervical traction is not medically necessary and appropriate.