

Case Number:	CM14-0034681		
Date Assigned:	06/20/2014	Date of Injury:	08/08/2013
Decision Date:	08/07/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 55 year-old female, who sustained an injury on August 8, 2013. The mechanism of injury occurred when she was pushed over a table by a customer and lost consciousness. Diagnostics have included: Cervical spine CT Scan dated August 8, 2013 was reported as showing straightening, and a CT of the head dated August 8, 2013 that was reported as normal. Treatments have included: medications. The current diagnoses are: PTSD, acute stress reaction, cervical strain, post-head contusion, lower back pain. The stated purpose of the request for Purchase of Cervical Traction Unit was not noted. Per the report dated January 29, 2014, the treating physician noted that the injured worker complained of continued pain to the neck and low back as well as headaches and that Imitrex and Amitriptyline both helped. Exam findings included mild neck and back tenderness. The treating physician also noted that traction had helped in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Cervical Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Usage of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: The California MTUS ACOEM Guidelines do not recommend cervical traction. The injured worker has neck and low back pain with headaches. The treating physician has documented mild neck and back tenderness. The treating physician has not documented subjective or objective findings indicative of cervical radiculopathy, nor objective evidence of derived functional benefit from the use of cervical traction under the supervision of a licensed physical therapist. The criteria noted above not having been met, the purchase of Cervical Traction Unit, is not medically necessary.