

Case Number:	CM14-0037940		
Date Assigned:	06/25/2014	Date of Injury:	05/21/2012
Decision Date:	07/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	03/31/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 29 year old male who reported an injury to his neck on 05/21/12. The mechanism of injury was not specified. The clinical note dated 01/30/13 indicates the injured worker undergoing a trial for a cervical traction. The injured worker was also utilizing Motrin for pain relief. The clinical note dated 09/16/13 indicates the injured worker having been diagnosed with degenerative disc disease at C3-C4. The clinical note dated 01/30/14 indicates the injured worker showing tenderness in the cervicothoracic region. Hypertonicity, along with spasms, were also identified. The clinical note dated 02/07/14 indicates the injured worker demonstrated 40 degrees of flexion, with 50 degrees of extension, 73 degrees of right rotation, and 75 degrees of left rotation with 40 degrees of bilateral bending. The injured worker was recommended for a home traction unit. The utilization review dated 03/27/14 resulted in a denial as no information was submitted regarding the injured worker response to the previous use of a traction unit for the cervical complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home 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, TWC Neck & Upper Back Procedure Summary.

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

Decision rationale: The documentation indicates the patient having complaints of pain at the cervical region. The use of a home traction unit in the cervical region is indicated for patients who have well-defined radicular symptoms and the injured worker has been educated with a home exercise program. The injured worker had undergone a course of physical therapy with the use of a traction unit. However, no information was submitted regarding the injured worker's instruction of the home exercise program. Additionally, no information was submitted regarding the injured worker's ongoing radiculopathy in the upper extremities. Without this information, this request is not indicated as medically necessary.