

Case Number:	CM14-0038952		
Date Assigned:	06/27/2014	Date of Injury:	09/25/2011
Decision Date:	08/13/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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 Montana. 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 has worked for a floral company with her work involving cutting of bouquets with gradual onset of right hand arm and neck pain. The date of injury is given as 9/15/11. An MRI on 2/18/14 did show a right paracentral herniated disc at C5-6 with early cord compression. The injured worker has elected for conservative rather than surgical treatment options. Since the original injury, she has continued to complain of neck and right arm pain. She has completed courses of physical therapy and has used a transcutaneous electrical nerve stimulation (TENS) unit. Her primary treating physician has not documented any functional improvement associated with physical therapy, home exercises, or any other modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with cervical traction Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The guidelines note that there is no high-grade scientific evidence to support effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, pain use laser treatment, ultrasound, TENS units or biofeedback. It does state that they may be used on a trial basis with close monitoring and emphasis on functional improvement. The Chronic Pain Guidelines note that passive modalities can provide short-term relief during the early phases of pain treatment. Active treatment modalities such as exercise are associated with substantially better outcomes. In this case there is evidence of prior physical therapy treatment, and ongoing compliance with her home exercise program; however, no documentation of functional improvement was noted. As such, the request is not medically necessary.