

Case Number:	CM14-0040281		
Date Assigned:	06/27/2014	Date of Injury:	01/24/2012
Decision Date:	08/21/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 is a 63-year-old male with a 1/24/12 date of injury after he drove his forklift into another forklift injuring his cervical and lumbar spine. He was conservatively managed with physical therapy, chiropractic therapy, and medications. The patient was seen on 8/29/13 with complaints of 7/10 neck and back pain. Exam findings revealed limited cervical motion, negative compression test, and negative Spurling signs. Straight leg raise was negative. No focal neurological deficits were noted. He was seen again on 10/03/13 with similar complaints and no significant change in exam findings. An MRI of the cervical spine dated 9/7/13 revealed multilevel degenerative disc disease at with central disc protrusions at C6/7 and C7/T1. He was seen again on 1/30/14 with 7/10 pain despite his treatments to date. A NCS (nerve conduction study) dated 1/30/14 was negative for radiculopathy. The patient's diagnosis is cervical strain/sprain and myofascial pain syndrome. Treatment to date: physical therapy, acupuncture, chiropractic care, medications, TENS unit, and hot packs. The UR decision dated 4/2/14 denied the request given the patient does not have objective findings of radiculopathy and his pain is likely chronic myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of an over the door cervical traction kit for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines 12th edition (web) Neck and Upper Back.

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

Decision rationale: CA MTUS does not address this issue. ODG recommends home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. This patient has 7/10 pain in the cervical and lumbar spine chronically despite his treatment measures. However, there are no complaints of radiculopathy. In addition, it is unclear if this would be in coordination with a home exercise program. Therefore, the request for an over the door cervical traction kit for the cervical spine is not medically necessary.