

Case Number:	CM14-0060036		
Date Assigned:	07/09/2014	Date of Injury:	10/08/2010
Decision Date:	09/17/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/30/2014

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 45-year-old male who reported an injury on 10/08/2010. The injured worker was reportedly struck on the head by a piece of heavy equipment. Current diagnoses included traumatic brain injury with cognitive impairment, mood disorder, probable partial complex seizure, and insomnia. The latest physician progress report submitted for this review is documented on 03/05/2014. The injured worker reported complaints of fatigue, sleep impairment, neck pain and left shoulder pain. Physical examination revealed tenderness of the cervical spine, left trapezius and left scapular region. Treatment recommendations included a neuro-ophthalmology and neuro-endocrinology evaluation, orthopedic evaluation, and a followup in 6 weeks. There was no DWC form RFA submitted for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Traction Unit E0849 Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction for neck and upper back complaints. Therefore, the current request cannot be determined as medically appropriate. There is also no documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine. Based on the clinical information received in the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.

Cervical Traction Unit E0849 Rental For 30 Days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction for neck and upper back complaints. Therefore, the current request cannot be determined as medically appropriate. There is also no documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine. Based on the clinical information received in the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary.