MAXIMUS Federal Services

Case Number:	CM14-0064789		
Date Assigned:	07/11/2014	Date of Injury:	07/16/2012
Decision Date:	10/02/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/08/2014

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, has a subspecialty in Preventive 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and a heating pad. In a Utilization Review Report dated June 30, 2014, the claims administrator approved a moist heating pad, invoking non-MTUS ODG Guidelines, despite the fact that the MTUS addressed the topic and apparently reiterated a previous Utilization Review denial on May 6, 2014, in which a cervical traction device was denied. In the May 6, 2014 Utilization Review Report, the claims administrator apparently denied the request for a cervical traction device, invoking non-MTUS ODG guidelines, despite the fact that the MTUS did address the topic. The applicant's attorney subsequently appealed. In a March 28, 2014 progress note, the applicant presented with persistent complaints of neck pain with associated left upper extremity paresthesias and scalp pain. The applicant continued to smoke. Motor strength about the upper extremity was well preserved. Physical therapy, traction, and a home traction unit were endorsed. The applicant was returned to regular duty work. In a subsequent physical therapy progress note of June 30, 2014, the applicant did seemingly receive manual interventions, including sustained pressure/traction, manual interventions, manual therapy, and therapeutic exercise, including pulling and rowing. The applicant stated that he was "still not sure if traction is helping."

IMR ISSUES, DECISIONS AND RATIONALES

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

Traction Unit for the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, 174.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, traction is deemed "not recommended." While the MTUS Guideline in ACOEM Chapter 8, page 174 goes on to qualify that position by noting that palliative tools such as traction may be used on a trial basis but should be monitored closely, in this case, the applicant did apparently receive a trial of the traction device, in the physical therapy context. The applicant stated on June 30, 2014 that he was "still not sure" if traction was helping. Thus, it does not appear that previous usage of traction had been altogether helpful. It is difficult to approve the request given the tepid-to-unfavorable ACOEM position on the article at issue, coupled with the applicant's self-report that traction has not been particularly helpful here. Therefore, the request is not medically necessary.