

Case Number:	CM14-0065755		
Date Assigned:	07/11/2014	Date of Injury:	12/01/2006
Decision Date:	09/19/2014	UR Denial Date:	04/25/2014
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, 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 55-year-old female with a 12/1/06 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/14/14, the patient stated that her pain level has remained the same. She stated that improved diet and walking have been making changes. She reported her pain level at 8/10 on a scale of 1 to 10. The patient noted that her cervical traction unit really helps and that she is using a TENS unit. Objective findings: limited to vital signs. Diagnostic impression: fibromyalgia, osteoarthritis, cervical disc disorder, chronic pain. Treatment to date: medication management, activity modification, physical therapy, TENS unit, cervical traction unit. A UR decision dated 4/25/14 denied the request for cervical traction unit extension. It has not been clearly stated how long the claimant has previously been using traction. The claimant's response to prior traction does not appear to be favorable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Traction Unit Extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 174, 181.

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

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: ODG recommends home cervical patient controlled traction for patients with radicular symptoms, in conjunction with a home exercise program. However, CA MTUS states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. In addition, ODG does not recommend powered traction devices. According to a progress report dated 4/14/14, the patient stated that the use of a cervical traction unit really helps. However, guidelines state that there is a lack of evidence to support the use of traction units and do not support their use. A specific rationale identifying why a cervical traction unit is required for this patient despite lack of guideline support was not provided. Therefore, the request for Cervical Traction Unit Extension was not medically necessary.