

Case Number:	CM14-0066133		
Date Assigned:	07/11/2014	Date of Injury:	12/03/1990
Decision Date:	08/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Pain Management 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 patient with a date of injury of December 23, 1990. A utilization review determination dated May 1, 2014 recommends non certification for a home cervical traction unit. Non certification for a purchase of a home traction unit is due to lack of documentation that a trial of cervical traction has been attempted and provided functional improvement. A progress report dated June 24, 2014 indicates that the patient has undergone a cervical discectomy and fusion at C5-6. The note goes on to indicate that the patient has diagnostic findings of chronic left C5 radiculitis and would benefit from a home cervical traction unit. A progress note dated April 22, 2014 indicates that the patient has not had a trial of a home cervical traction unit. The cervical traction unit being requested is a VQ Orthocare.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Cervical Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic); home cervical patient controlled traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Traction.

Decision rationale: Regarding the request for cervical traction unit, Occupational Medicine Practice Guidelines state that there is no high-grade scientific evidence to support the use of traction. They go on to state the traction is not recommended. They state that these palliative tools may be used on a trial basis that should be monitored closely. Official Disability Guidelines (ODG) states that home cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. They go on to state that powered traction devices are not recommended. Guidelines go on to state that the duration of cervical traction can range from a few minutes to 30 minutes, once or twice weekly to several times per day. Within the documentation available for review there is no statement identifying that a trial has been attempted with documentation of analgesic benefit and objective functional improvement. Guidelines recommend a trial of cervical traction for 2-3 weeks prior to the purchase of a home traction device. In the absence of clarity regarding those issues, the currently requested cervical home traction unit is not medically necessary.