

Case Number:	CM14-0067450		
Date Assigned:	07/11/2014	Date of Injury:	02/06/2012
Decision Date:	09/17/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 50-year-old female who reported an injury on 02/06/2002 due to pulling and lifting a patient up in bed, toward the head of the bed, and injuring her left neck, back, and hand. The injured worker has diagnoses of carpal tunnel syndrome bilaterally, low back strain, cervical strain with C4-5 disc protrusion and C6-7 disc protrusion, with bilateral upper extremity cervical radiculitis, right carpal tunnel syndrome, left carpal tunnel syndrome, and sleep disturbance due to low back pain. Past medical treatment includes the use of a cervical traction unit, physical therapy, medication, and a home exercise program. Medications include Norco 10 mg, Zolpidem 10 mg, Gabapentin 300 mg, Ambien 10 mg, Diclofenac, and Omeprazole 20 mg twice a day. Diagnostics include an MRI of the cervical spine obtained 04/13/2012, MRI of the thoracic spine taken 04/13/2012, MRI of the lumbar spine taken 04/13/2012, NCV/EMG was also obtained on 01/28/2014. The injured worker complained of neck pain, bilateral hand pain, and low back pain. There were no measurable pain levels documented in the submitted report. Physical examination dated 06/12/2014 revealed that the injured worker's cervical spine was normally aligned and non-tender to palpation. There was tenderness to palpation of the paracervical, levator scapulae, medial trapezius, and parascapular muscles. Range of motion revealed a flexion of 30 degrees, extension of 15 degrees, right lateral bending of 15 degrees, left lateral bending of 10 degrees, right rotation of 60 degrees, left rotation of 65 degrees. Spurling's sign was positive for neck pain that radiated to the levator scapulae and trapezius muscles. Biceps, triceps, and brachioradialis were 2+ bilaterally. The treatment plan is for the injured worker to have use of a home cervical traction unit. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home cervical traction unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The request for Home Cervical Traction Unit for purchase is not medically necessary. The injured worker complained of neck pain, bilateral hand pain, and low back pain. There were no measurable pain levels documented in the submitted report. The CA MTUS/ACOEM states that traction has not been proved effective for lasting relief in treating low/back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low/back injuries, it is not recommended. Guidelines also state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. The submitted report lacked any level of pain on the injured worker. The documents submitted showed that the injured worker had undergone physical therapy, but there was no documentation showing whether it helped any deficits the injured worker may have had. Documentation also revealed that the injured worker had used a traction unit in the past, but there was no documented evidence showing as to whether the unit helped with any functional deficits. Although the most recent submitted progress note dated 06/12/2014 showed mild objective deficits, the efficacy of the unit is questionable. Furthermore, the California MTUS/ACOEM Guidelines do not recommend the use of a traction unit. As such, the request for a Home Cervical Traction Unit for purchase is not medical necessary.