

Case Number:	CM14-0068058		
Date Assigned:	07/14/2014	Date of Injury:	10/01/2012
Decision Date:	09/19/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 33-year-old male with a reported date of injury on 10/01/2012. The mechanism of injury was noted to be cumulative trauma. His diagnoses were noted to include cervical disc degeneration, cervical radiculopathy, and neck pain. His previous treatments were noted to include medications, physical therapy, and cervical traction. The progress note dated 04/22/2014; the injured worker reported significant improvement in his symptoms with traction and 50% improvement in his symptoms while receiving traction and physical therapy. The injured worker complained of pain affecting his neck, radiating down the right arm, which increased at the end of his work day. The physical examination revealed discomfort with extension and lateral bending of the cervical spine and more so, right to the left. The Spurling's maneuver to the right caused pain to radiate down the proximal right shoulder, and there was no significant pain on palpation of the rotator cuff structure of the right arm. The acromioclavicular joint and subacromial space were non-tender and he had full active range of motion without significant pain. The provider indicated a home cervical traction device for 6 months use would give the injured worker a positive response and would to decrease the need to continue physical therapy treatments. The progress note dated 05/29/2014 revealed the injured worker completed physical therapy and responded well to traction. The injured worker reported he received an approval letter and that indicated that the home cervical traction unit was approved. The injured worker reported increased cervical pain after a change in work conditions and reported that 1 work area was flooded and resulted in increased neck pain, mostly on the right side. The injured worker reported the aching pain into the right cervical spine which radiated towards the right shoulder. The physical examination revealed myofascial tenderness and spasm to the palpation of the right trapezius muscle, left so in the left trapezius as well as the right levator scapulae. There was a range of motion of the cervical spine which increased with extension and lateral

bending towards the right greater than left. Discomfort was localized to the mid and cervical facet joints. The right Spurling's maneuver caused discomfort radiating towards the right shoulder. Light touch sensation and motor strength were intact in the bilateral C4-T1 distributions. The Request for Authorization form dated 04/22/2014 was for a Saunders cervical traction unit to decrease physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

SAUNDERS CERVICAL TRACTION UNIT (HOME USE) - X MONTHS: 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 TRACTION.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for a Saunder's cervical traction unit (home use) - x months is non-certified. The injured worker used traction within physical therapy and had positive results. The Official Disability Guidelines recommend home cervical patient controlled traction for patients with radicular symptoms in conjunction with a home exercise program. Not recommended institutionally based on power traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief of over 80% of patients with moderately severe cervical spine syndromes with radiculopathy. Patients receiving intermittent traction performed significantly better than those assigned to no traction groups in terms of pain, forward flexion, right rotation, and left rotation. The documentation provided indicated a cervical traction unit was approved for a trial, however, there is a lack of documentation regarding objective functional gains from utilizing the unit. Additionally, the request failed to provide the number of months the rental was requested for. Therefore, the request is non-certified.