

Case Number:	CM14-0069456		
Date Assigned:	07/14/2014	Date of Injury:	08/22/2010
Decision Date:	12/31/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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, has a subspecialty in Interventional Spine 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 patient is a 57 year old female with an injury date of 08/22/10. Per the 04/10/14 report the patient presents with chronic neck pain and headaches. Examination shows limited neck and cervical spine range of motion including 50% right rotation with pain. Spurling's test is positive right. The patient's diagnoses include: 1. Cervical myofascial pain 2. Possible left C6 radiculopathy 3. Status post C5-C7 fusion with severe left greater than right C3-C4 neuroforaminal stenosis 4. C4-C5 degenerative changes 5. C4-C5 annular tear Three chiropractic treatment reports from 11/14/13 to 03/23/14 are included. The utilization review being challenged is dated 04/23/14. The rationale regarding the cervical traction unit is that ACOEM does not recommend use of cervical traction. Reports were provided from 10/25/13 to 04/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare cervical patches #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.thermacare.com/neck-pain>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic Chapter, Heat therapy topic

Decision rationale: The patient presents with chronic neck pain and headaches. The treater requests for Thermacare Cervical Patches #30 per 04/10/14 report. ACOEM guidelines pages 156,157 recommend heat therapy for lower back pain. ODG guidelines Low Back Lumbar & Thoracic Chapter, Heat therapy topic states, "Recommended as an option." The Procter & Gamble Therma Care Heat Wrap is specifically mentioned as more effective than other products. ODG under Neck chapter, cold section also support cold/heat applications. On 04/10/14 the treater states the Therma Care cervical units definitely decrease the patient's pain with flare ups. It is unknown how long the patient has been using cervical patches. The request is medically necessary.

Cervical traction unit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction mechanical

Decision rationale: The patient presents with chronic neck pain and headaches. The treater requests for Cervical Traction Unit per 04/10/14 report. ODG, Neck and Upper Back Chapter, Traction mechanical, states, "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program." On 04/10/14 the treater states the patient received cervical traction at chiropractic sessions which the patient states reduced neck pain 80-85% for 3 plus days following treatment. The 11/14/13 chiropractic treatment notes state the patient is benefiting from treatments and requested home care items including a "home over the door traction unit." The 10/25/13 report states EMG/NCV is requested to rule out cervical radiculopathy and the 11/05/13 EMG study impression states, the study is consistent with remote left C5-C6 radiculopathy. In this case, the request is indicated for radicular symptoms which are present in this patient, and past treatment has helped the patient. The request is medically necessary.