

Case Number:	CM14-0076959		
Date Assigned:	09/18/2014	Date of Injury:	03/30/2000
Decision Date:	10/16/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/27/2014

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 Geriatrics, and is licensed to practice in New York. 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 51 year old woman with a date of injury of 3/30/00. She was seen by her provider on 2/11/14 with complaints of lumbar spine pain, right hand tingling and left leg numbness. She had three months of physical therapy which was said to be helpful. Her exam showed pain with extension and rotation and no focal deficits. She was tender to palpation over the cervical and lumbar spine with loss of lordosis and decreased range of motion. She had paraspinal spasm and sciatic notch pain. She had decreased lower extremity sensation in L5 distribution, radicular pain and positive straight leg raise. The plan was for epidural lumbar injections and a home traction unit. She was seen again on 4/15/14 and her exam showed paraspinal spasm in the cervical spine and decreased sensation in C6-7. The diagnoses included disc degeneration cervical spine, radiculopathy, improving and cervical kyphosis. At issue in this review is the request for a home traction unit for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME TRACTION UNIT FOR THE CERVICAL SPINE (██████████): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a home traction unit. Of the cervical spine. The records document a physical exam with pain with range of motion but no red flags. There is no high-grade scientific evidence to support the effectiveness passive physical modalities such as traction and traction is thus not recommended. She has found physical therapy to be effective and her symptoms were said to be improving. The medical necessity of a home traction unit is not substantiated in the records. This request is not medically necessary.