

Case Number:	CM14-0079392		
Date Assigned:	07/18/2014	Date of Injury:	04/24/2013
Decision Date:	09/24/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 Occupational Medicine 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:

Patient is a 47-year-old with date of injury. The medical document associated with the request for authorization, a primary treating physician's progress report, and dated 05/07/2014, lists subjective complaints as pain in the low back and pain in the neck with radicular symptoms to the bilateral shoulders and associated headaches. Objective findings: Examination of the cervical spine revealed tenderness to palpation and spasm of the paravertebral muscles and both trapezius muscles. Range of motion was decreased in all planes. Axial compression and Spurling's test were negative. Examination of the lumbar spine revealed diffuse tenderness over the spinous processes and moderate facet tenderness from L4-S1. Range of motion was decreased in all planes. Sensory examination found that sensation was diminished over the C6 and C7 dermatomes bilaterally and the S1 dermatome on the right. Diagnosis: 1. Cervical disc disease, 2. Cervical radiculopathy, 3. Cervical facet syndrome, 4. Lumbar disc disease, 5. Lumbar radiculopathy, 6. Lumbar facet syndrome, 7. Coccydynia. The patient has undergone a right C5-6 transforaminal epidural steroid injection, 03/17/2014, and bilateral L3-4 and right L5-S1 transforaminal epidural steroid injections on 04/10/2014, which helped by 50% in the cervical spine and 60% in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Over the traction unit.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Lower Back Chapter.

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 (Acute & Chronic), Traction.

Decision rationale: The Official Disability Guidelines 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. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. I am reversing the prior utilization review decision. Therefore, Over the traction unit is medically necessary.