MAXIMUS Federal Services

Case Number:	CM14-0086948		
Date Assigned:	07/23/2014	Date of Injury:	05/02/2011
Decision Date:	09/26/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 47 year old gentleman was reportedly injured on May 2, 2011. The mechanism of injury is undisclosed. The most recent progress note, dated April 11, 2014, indicates that there are ongoing complaints of neck pain, left shoulder pain, and low back pain. Current medications include Tramadol, Cyclobenzaprine, and Gabapentin. The physical examination demonstrated decreased range of motion of the cervical spine, positive Spurling's test, left shoulder noted tenderness at the sternoclavicular (SC) joint, the acromioclavicular (AC) joint, and rotator cuff muscles, decreased left shoulder range of motion and a negative impingement tests, lumbar spine noted tenderness of the paraspinous muscles and slightly decreased lumbar spine range of motion, and positive bilateral straight leg raise test. Diagnostic imaging studies of the lumbar spine revealed disc bulges at L2 to L3, L3 to L4, and L4 to L5. Previous treatment was not discussed during this visit. A request was made for the cervical rehabilitation kit and a cervical traction unit for purchase and was not certified in the preauthorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Rehab Kit Purchase: Upheld

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

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, Exercise, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines there is no requirement for a cervical rehabilitation kit for exercise of the cervical spine one study indicates that home exercise and manipulation were more effective than medications in relieving neck pain. An exercise group met on two occasions with physical therapists who gave them simple instructions for gentle exercises for the neck that they can do at home. These exercises were found to be as effective as chiropractic sessions. Considering this the extra equipment associated with a cervical rehabilitation kit purchase is not medically necessary.

Cervical Traction Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

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, Traction, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines, the cervical patient controlled traction unit is recommended for patients with radicular symptoms in conjunction with a home exercise program. The most recent progress note dated April 11, 2014, does not indicate that the injured employee has any radicular symptoms or radicular findings on physical examination. Considering this, the request for a cervical traction unit for purchase is not medically necessary.