

Case Number:	CM14-0088203		
Date Assigned:	07/23/2014	Date of Injury:	09/17/2001
Decision Date:	09/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/12/2014

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 Emergency Medicine 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 patient is a 44-year-old female who was injured on September 17, 2001. The patient continued to experience pain in her neck. Physical examination was notable for increased muscle tone and tenderness to the trapezius and normal motor strength. Diagnoses included cervical syndrome with myofascitis, cervical brachial syndrome, and brachial radicular neuralgia. Treatment included epidural steroid injections, medications, and physical therapy. Request for authorization for deluxe full spine posture pump was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deluxe full spine posture pump: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC Neck & Upper Back Procedure Summary.

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.

Decision rationale: Deluxe full spine posture pump is a full spine manipulation device that is designed to use expanding air cells angled into the spine to activate the bellows (sponge-like)

portion of your discs. The Posture Pump gradually lifts, stretches and separates the neck and back joints into their proper curved shape. Traction 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, is recommended in conjunction with a home exercise program. Cervical traction should be combined with exercise techniques to treat patients with neck pain and radiculopathy. In this case there is no documentation to support that the patient has radiculopathy. There are no documented dermatomal sensory deficits. Medical necessity has not been established. The request should not be authorized.