

Case Number:	CM14-0163187		
Date Assigned:	10/08/2014	Date of Injury:	03/31/2011
Decision Date:	01/14/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 and Rehabilitation, 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 injured worker has a date of injury of 3/31/11. The patient complains of neck pain and stiffness aggravated by prolonged standing and walking activities. Pain level is rated at 4/10. Treatment has included epidural steroid injections to the cervical spine. Records indicate that a pneumatic cervical traction unit at home has been very beneficial in reducing neck pain and stiffness in the past. Physical examination demonstrates tenderness of the cervical paraspinal musculature and reduced cervical extension and lateral rotation. Request has been made for cervical traction unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction unit purchase: Overturned

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, Traction (mechanical)

Decision rationale: The injured worker is being treated for cervical radiculopathy. He is status post a second cervical epidural steroid injection with 50% pain improvement. There has been a

trial of a pneumatic cervical traction unit at home which resulted in decreased neck pain and stiffness. Official Disability Guidelines recommends mechanical traction device for cervical spine syndrome with radiculopathy for intermittent short-term treatment. Request as written is consistent with Official Disability Guidelines in management of cervical radiculopathy. Request for cervical traction unit purchase is medically necessary.