

Case Number:	CM14-0183822		
Date Assigned:	11/10/2014	Date of Injury:	10/27/2012
Decision Date:	02/25/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 36-year-old male with a date of injury of 10/27/2012. According to progress report dated 10/12/2014, the patient presents with stiff, tightness and tingling located in the neck. The patient reports the pain as aching and constant and moderate. Pain is improved with medications. The patient reports pain level is 8/10. The patient's second complaint is located in the left trapezius which he describes aching, intermittent, moderate pain. The patient is rated as 8/10. The patient also reports numbness and tingling of the left hand/fingers. Examination of the cervical spine revealed pain with range of motion. There is pain to palpation in the left neck and trapezius. Range of motion was within normal limits. Treatment plan is for deep tissue massages, refill of medications including Ambien 10 mg, Norco 5/325, Buspar 15 mg and Ativan 1 mg. The patient is currently on modified duty and was instructed to return in 6 weeks for followup. Request for authorization (RFA) dated 10/13/2014 requests purchase of a cervical home traction unit. The utilization review denied the request for cervical home traction unit on 10/21/2014. The medical file provided for review includes treatment reports from 05/12/2014 through 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a cervical home traction kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173; 108.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for purchase of a cervical home traction unit. ACOEM Guidelines chapter 8, page 173 on cervical spine traction states, "There is no high-grade specific evidence to support effectiveness or ineffectiveness of passive physical modality such as traction... These palliative tools may be used on a trial basis, but should be monitored closely." Furthermore, ACOEM chapter 8, page 108, under neck and upper back complaint states, "Not recommended." In this case, there is no description of what kind of traction unit is being requested. Additionally, the ACOEM Guidelines do not support cervical traction units. This request is not medically necessary.