

<b>Case Number:</b>	CM14-0189251		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 year old male with an injury date of 07/17/12. In progress report dated 10/23/14, the patient complains of constant pain in the neck that radiates bilaterally to the fingers. The pain is rated at 4/10 without medications. The patient also experiences intermittent tingling in bilateral hands and intermittent numbness in bilateral fingers. The aching and moderate pain is aggravated by activity and flexion/extension. Physical examination of the cervical spine reveals spasm. There is tenderness to palpation at the right trapezius muscle along with decreased sensation in bilateral upper extremities in C6 dermatome. Tinel's sign and Phalen's test are positive bilaterally. Physical examination of the thoracic spine reveals tenderness in bilateral T1 paravertebral region. In progress report dated 07/22/14, the patient rated his pain at 6/10. Progress report dated 07/01/14 reveals neck pain that radiates down to right shoulder along with tenderness, decreased range of motion, sensory deficit, and spasticity. The patient is trying to manage the pain with Gabapentin, Norco and over the counter Tylenol, as per progress report dated 10/23/14. The patient received cervical epidural steroid injection on 09/09/14 which led to 20-50% improvement for 1 week, as per the same report. The patient is currently working without any restrictions, as per progress report dated 10/23/14. MRI of the Cervical Spine, 11/29/12, as per progress report dated 10/23/14: - A 5mm posterior central and right paracentral disc protrusion or disc osteophyte complex at C5-6 with resultant severe spinal stenosis causing mild cord deformity and a 1-2mm posterior central disc protrusion or disc osteophyte complex at C4-5 and mild bilateral neural foraminal narrowing at C4-5 and C5-6. Mild disc desiccation at C2-3 through C6-7 with moderate disc height loss at C5-6. EMG/NCV, 01/17/13, as per AME report dated 06/12/14:- Abnormal NCS for right mild median nerve compression at carpal tunnel; left mild compression ulnar nerve at medial epicondyle and

abnormal EMG for left active C6 denervation. Diagnosis as of 10/23/14 includes chronic pain other, cervical radiculopathy, cervical spinal stenosis, central pain syndrome, bilateral cubital tunnel syndrome and bilateral carpal tunnel syndrome. The utilization review determination being challenged is dated 10/28/14. The rationale was "At this point, the claimant is expected to be well-versed in an independent home exercise program to address remaining deficits." For cervical traction, the denial letter states that "Traction, TENS and other modalities are not recommended" for neck and upper back complaints. Treatment reports were provided from 05/27/14 - 10/23/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy with cervical traction, twice weekly for four weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)'and topic Traction (mechanical)

**Decision rationale:** The patient complains of constant pain in the neck, rated at 4/10, that radiates bilaterally to the fingers. The patient also experiences intermittent tingling in bilateral hands and intermittent numbness in bilateral fingers, as per progress report dated 10/23/14. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." MTUS does not provide guidance on home traction devices, so ACOEM was referenced. ACOEM does not recommend traction for the cervical spine, due to a lack of evidence either in support or opposition of traction. ODG, Chapter 'Neck and Upper Back (Acute & Chronic)'and topic 'Traction (mechanical)' does provide evidenced based support of patient controlled home traction devices "using a seated over-the-door device or a supine device for patients with radicular symptoms...when used in conjunction with a home exercise program." In this case, the progress reports do not discuss prior physical therapy. However, the AME report dated 06/12/14, states that "Physical therapy started on 08/02/12 with follow-up visits documented on 08/07/12, 08/08/12, 08/10/12, and 08/14/12." No additional details about the total number of sessions, body parts involved, or the impact of physical therapy on pain and function can be found. In progress report dated 10/23/14, the physician indicates that physical therapy is being requested "with plan to progress to a home exercise program as per therapist's recommendations." Given that the patient has not had any therapy for over 2 years, the current request for 8 sessions appears reasonable. Recommendation is for authorization.