

Case Number:	CM14-0191474		
Date Assigned:	11/25/2014	Date of Injury:	12/21/2000
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a male who was injured on 12/21/2000. He was diagnosed with cervical discogenic condition, thoracic sprain, discogenic lumbar condition, internal derangement of the right knee, carpal tunnel syndrome bilaterally; trigger fingers, carpometacarpal joint inflammation, impingement of left shoulder, and biceps tendon rupture. He was treated with medications, braces and surgery (carpal tunnel, shoulder/biceps tendon, trigger finger). He was also treated with cervical traction as reported in the documents provided for review, which were very limited and no other details were provided elaborating how the cervical traction was used, for what condition, and what the outcome was with previous use. Magnetic resonance imaging (MRI) of the cervical spine was reportedly completed many years prior to this request, but no results are available for review. No records from prior to the request date were provided for review to help explain the request basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Traction with Air Bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Traction

Decision rationale: The MTUS ACOEM Guidelines state that cervical traction does not have "high-grade scientific evidence to support its effectiveness or ineffectiveness." However, it may be considered on a trial basis with close monitoring. Continuation would need to be justified by evidence of functional benefit from previous treatments with traction. The ODG states that only home-based devices (in particular the over-the-door type) are "recommended for this trial as they come with lower risk than institutional traction devices that are powered." Also, the ODG recommends that it should be used only in combination with an exercise program and use beyond 2-3 weeks should be backed up by functional improvement. In the case of this worker, there were insufficient records to explain the basis for the request for traction, although there was previous use of traction for his neck reported by his physician. No evidence exists in the records provided showing benefit from prior use, nor was there a type of traction device recommended in the request. Therefore, the request for Traction with Air Bladder is not medically necessary.