

Case Number:	CM14-0197725		
Date Assigned:	12/08/2014	Date of Injury:	04/24/1999
Decision Date:	01/23/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/25/2014

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 and is licensed to practice in Arizona and 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 is a 55-year-old male, with a date of injury of 04/24/1999, and a mechanism of injury that was not included in the medical record. His diagnoses included cervicogenic headaches, mild cervical dystonia, bilateral lower extremity radiculopathy, bilateral carpal tunnel syndrome, right carpal tunnel release on 03/02/2007, and status post right ulnar transposition. Diagnostic studies included an electromyography on 01/23/2006, cervical spine MRI on 01/22/2009, cervical spine x-ray on 08/11/2010, cervical spine CT scan on 09/08/2011, lumbar provocative discogram on 04/23/2012, and a left shoulder MRI on 01/11/2012. The injured worker's surgical history included total disc arthroplasty at C3 and C4 in 01/2009, cervical fusion at C4-5 and C5-6 on 06/19/2003, removal of hardware on 01/08/2008, posterior lumbar interbody fusion at L4-5 and L5-S1 in 02/2002, and right carpal tunnel release on 03/02/2007. In the clinical note dated 11/07/2014, the injured worker had complaints of pain in his left shoulder, aggravated with any type of overhead activity. The physical examination findings included cervical spine tenderness to palpation along the posterior cervical musculature; and decreased range of motion with flexion, extension and lateral bending. Decreased range of motion at the shoulders, and abduction of the right upper extremity was measured at 110 degrees. The medications prescribed for the injured worker included Opana ER 5 mg 4 to 5 tablets daily, Anaprox DS 550 mg twice a day as needed, Prilosec 20 mg daily, Remeron 15 mg 1 to 2 tablets at bedtime, Doral 15 mg at bedtime as needed, lisinopril 10 mg twice a day, and Colace 100 mg 3 to 4 times daily as needed. The treatment plan included delaying the permanent cervical spinal cord stimulator implant until the injured worker completes his postoperative left shoulder physical therapy, refilling pain medications, requesting a cervical traction unit, and followup with the doctor's office in 1 month. The rationale for the request was the injured worker received cervical traction and physical therapy, and also at home while his wife pulls on his neck he finds

it very beneficial, especially since he has significant foraminal stenosis with encroachment on the exiting C6 and C7 nerve roots. The Request for Authorization form is not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical Traction Unit purchase: 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 (Acute and Chronic)

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 has a history of cervical fusion at C4-5 and C5-6, as well as a total disc arthroplasty at C3-4. He has debilitating neck pain with radicular symptoms and cervicogenic headaches. The Official Disability Guidelines state that mechanical traction is recommended for home cervical patient control 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, in conjunction with a home exercise program. In general, it would not be advisable to use these modalities beyond 2 to 3 weeks if signs of objective progress towards functional restoration are not demonstrated. The documentation submitted for review does not include evidence that the patient is participating in the home exercise program at this time. The request for 1 cervical traction unit purchase does not indicate the type of traction device to be used specifically. Therefore, the request for 1 Cervical Traction Unit purchase is not medically necessary.