

Case Number:	CM14-0210073		
Date Assigned:	12/23/2014	Date of Injury:	09/14/2010
Decision Date:	02/13/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, 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 56 year old male with an injury date on 09/14/2010. Based on the 10/24/2014 progress report provided by the treating physician, the diagnoses are: 1. Discogenic cervical condition, multilevel in nature. Nerve studies obtained in the past have been unremarkable. Repeat nerve studies have been denied. The patient does have triceps reflex absence on the left.2. Associated with this, the patient has facet inflammation and headaches, to the left of the midline, and shoulder girdle involvement.3. Discogenic lumbar condition with radiculitis. Nerve studies have been unremarkable in the past and need to be repeated at this time for purposes of discovery.4. Chronic pain syndrome. According to this report, the patient complains of 7/10 neck pain with numbness and tingling in both hands, particularly the left thumb. The patient used ice/heat and pain medications for pain relief. Physical exam findings were not included in any of the reports provided by the treating physician. The treatment plan is to request for pain medication, functional capacity evaluation, nerve conduction studies of the upper extremities, cervical traction with air bladder to ease neck pain, TENS pad, and return in four weeks for follow up visit. The patient's work status is "not working." There were no other significant findings noted on this report. The utilization review denied the request for cervical traction with air bladder (purchase) on 11/14/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 07/01/2014 to 10/24/2014.

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 (purchase): Upheld

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 (Acute & Chronic) chapter, Traction

Decision rationale: According to the 10/24/2014 report, this patient presents with 7/10 neck pain with numbness and tingling in both hands, particularly the left thumb. The current request is for cervical traction with air bladder (purchase). ACOEM guidelines page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. However, ODG guidelines do support patient controlled traction units for radicular symptoms. "Cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy." In this case, the patient does not present with C-spine radiculopathy, ODG supports traction for C-spine radiculopathy which this patient does not present with. The request is not medically necessary.