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| Case Number: | CM14-0213466 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 04/20/2012 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 12/01/2014 |
| Priority: | Standard | Application Received: | 12/19/2014 |

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 & Rehabilitation

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 48-year-old female who reported an injury on 04/20/2012. The mechanism of injury was not provided. On 10/15/2014, the injured worker presented with pain. Upon examination, there was pain in the right upper extremity with decreased grip strength and hypersensitivity. Current medications include Nucynta, Zanaflex, Duexis, and Flector. On examination of the neck, there was muscle spasm and pain noted. The provider recommended a home cervical over the door traction unit. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home cervical over-the-door traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181; 173-174.

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 request for a home cervical over the door traction unit is not medically necessary. The Official Disability Guidelines recommend a cervical traction unit for patients with radicular symptoms in conjunction with a home exercise program. Recent studies have documented good results using traction to treat cervical radiculopathy. There was lack of documentation of a complete and adequate assessment of the injured worker to include quantifiable data and provocative testing. Additionally, there is a lack of functional deficit noted on physical exam. There is no evidence that the injured worker is participating in a home exercise program that would be used in conjunction with cervical traction. As such, the request is not medically necessary.