

Case Number:	CM14-0219246		
Date Assigned:	01/09/2015	Date of Injury:	05/19/2004
Decision Date:	03/16/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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 65-year-old male who reported an injury on 05/19/2004. The mechanism of injury was not provided. On 01/16/2015, the injured worker presented for a followup. The injured worker had complaints of neck and low back pain. He has had prior chiropractic treatment; the use of a back brace, a neck pillow, and a TENS unit. Diagnoses were discogenic lumbar condition; and discogenic cervical condition. Examination of the lumbar spine revealed numbness along the C6 dermatome on the right and 5/5 strength to resisted supination at the wrist and extension. The provider recommended DME cervical traction with air bladder. There was no rationale 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:

DME Cervical Traction with Air Bladder: 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)

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 cervical traction with bladder is not medically necessary. The Official Disability Guidelines recommend home cervical patient controlled traction for injured workers with radicular symptoms in conjunction with a home exercise program. Cervical traction should be combined with exercise techniques to treat injured workers with neck pain and radiculopathy. There is a lack of documentation of radiculopathy noted on physical exam related to the cervical spine. Additionally, there is no adjunct to a home exercise program noted that would be used with a cervical traction. The provider's request does not indicate whether the traction would be rented or purchase in the request as submitted. As such, medical necessity has not been established.