

Case Number:	CM15-0002751		
Date Assigned:	02/25/2015	Date of Injury:	07/29/2014
Decision Date:	04/06/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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 female patient, who sustained an industrial injury on 07/29/2014. An orthopedic consultation dated 11/25/2014 reported subjective complaint of persistent neck pain. The patient reported having had an epidural steroid injection without any relief from symptom. Objective assessment found cervical spine disclosed lateral rotation of approximately 20 degrees; extension was approximately 45 degrees and cervical flexion was 60 degrees. There is pain at the endpoints of motion. She was found with a positive Spurling's at 45 degrees. The following diagnoses are applied; sprain of neck and cervical disc displacement. A request was made for a home cervical traction unit. On 12/17/2014, Utilization Review, non-certified the request, noting the CA MTUS/ACOEM, chapter 8, page 273 was cited. On 01/06/2015, the injured worker submitted an application for independent medical review of service requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home cervical traction unit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 273.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181. Decision based on Non-MTUS Citation Official disability guidelines Neck and Shoulder Chapter: Traction (mechanical).

Decision rationale: According to the 12/05/2014 report, this patient presents with "constant pain within her neck and difficulty sleeping". The current request is for home cervical traction unit. The request for authorization is not included in the file for review. The patient's work status is "temporarily totally disabled". Regarding cervical traction unit, 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."The medical reports provided for review indicate the patient has "pain radiating throughout the left upper extremity "with numbness in the left arm. MRI of the cervical spine on 10/03/2014 shows "mild central canal narrowing from C3-C4 through C6-C7 and mild right neuroforaminal narrowing at C5-C6 and C6-C7." In this case, the patient does present with C-spine radiculopathy; the ODG guidelines support cervical traction for radiculopathy which this patient has. The current request IS medically necessary.