

Case Number:	CM15-0101190		
Date Assigned:	06/03/2015	Date of Injury:	05/19/1976
Decision Date:	07/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 (IW) is a 57 year old female who sustained an industrial injury on 05/19/1976. She reported cumulative trauma secondary to a non-ergonomic workstation. The injured worker was diagnosed as having cervical disc disease, cervical radiculopathy, right shoulder sprain/strain, bilateral lateral epicondylitis; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; and bilateral sacroiliac joint sprain/strain. Treatment to date has included time off work, epidural steroid injections, physical therapy, diagnostic x-rays and MRI, and medications. Currently, the injured worker complains of pain in the cervical spine which is rated as a 5/10. The pain is described as soreness and stiffness radiating to the base of the head and down the shoulders right side greater than left with numbness and tingling sensation to the arms and fingers and "firecrackers" throughout he hands. She also complains of lumbar spine pain and stiffness rated a 6-7/10. The back pain radiates to the stomach and bilateral knees. She has an antalgic gait to the right and heel-toe walk that is exacerbated to the right. There is moderate tenderness over the cervical paravertebral musculature extending to the trapezius muscles, right greater than left with spasm. Axial head compression is positive bilaterally and there is facet tenderness to palpation of C4-C7. There is decreased cervical range of motion on the right, and decreased extension on the right. Rotation is decreased bilaterally. The treatment plan includes epidural steroid injections and home cervical traction. A request for authorization is made for the following: Purchase Home Cervical Traction Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Home Cervical Traction Unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. 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.

Decision rationale: MTUS is silent specifically regarding traction devices. ODG states, "Recommend home cervical patient controlled 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. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. For decades, cervical traction has been applied widely for pain relief of neck muscle spasm or nerve root compression. It is a technique in which a force is applied to a part of the body to reduce paravertebral muscle spasms by stretching soft tissues, and in certain circumstances separating facet joint surfaces or bony structures. Cervical traction is administered by various techniques ranging from supine mechanical motorized cervical traction to seated cervical traction using an over-the-door pulley support with attached weights. Duration of cervical traction can range from a few minutes to 30 min, once or twice weekly to several times per day. In general, over-the-door traction at home is limited to providing less than 20 pounds of traction." The treating physician documents radicular symptoms in the upper extremities and ongoing home exercise program which meets the above guidelines. As such the request for Purchase Home Cervical Traction Unit is medically necessary.