MAXIMUS Federal Services

Case Number:	CM15-0137492		
Date Assigned:	07/27/2015	Date of Injury:	10/03/2012
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 28-year-old female patient who sustained an industrial injury 10/03/2012. The diagnoses include cervical herniated nucleus pulposus, myofascial pain syndrome and right radiculopathy. According to the progress notes dated 6/9/15, she had complaints of neck pain with radiation to the right shoulder and arm, rated 5-6/10. The pain was improved by traction. The physical examination revealed tenderness to the cervical paraspinal muscles, the right upper trapezius, the rhomboids and the occipital nerve; Cervical range of motion- 30 degrees flexion, 40 degrees extension, 25 degrees right bending, 35 degrees left bending, 70 degrees right rotation and 60 degrees left rotation. The medications list includes gabapentin and naproxen. Treatment to date has included medications, physical therapy, trigger point injections and activity modification. A request was made for cervical traction exercise equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction exercise equipment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition 2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174 Initial care.

Decision rationale: Cervical traction exercise equipment: Per the ACOEM Guidelines "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback". Therefore there is no high grade scientific evidence to support the effectiveness of traction for neck injury. In addition, a detailed response to previous conservative therapy is not specified in the records provided. The medical necessity of cervical traction exercise equipment is not fully established for this patient and therefore not medically necessary.