

Case Number:	CM15-0141520		
Date Assigned:	07/31/2015	Date of Injury:	11/02/2011
Decision Date:	08/28/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/21/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 53 year old female, who sustained an industrial injury on November 2, 2011. She reported an injury to her neck and right shoulder. Treatment to date has included modified work duties, MRI of the cervical spine, EMG-NCV of the right upper extremity, physical therapy, acupuncture therapy, home exercise program, and medications. Currently, the injured worker complains of pain in her neck and right shoulder. On physical examination the injured worker has tenderness to palpation over the cervical spine and a limited range of motion. She has negative Spurling's signs for radiculopathy and has a positive facet loading test. She has tenderness to palpation of the right trapezial and rhomboid with muscle spasm. The diagnoses associated with the request include cervical spine degenerative joint disease, myalgia and myositis and cervical sprain-strain. The treatment plan includes portable cervical traction unit, medial branch block of the cervical spine, topical cream, Norco and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Portable cervical traction unit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck, Traction.

Decision rationale: This claimant was injured in 2011. She reported an injury to her neck and right shoulder. Treatment to date has included modified work duties, an MRI of the cervical spine, EMG-NCV of the right upper extremity, physical therapy, acupuncture therapy, home exercise program, and medications. There is still pain in the neck. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes: Recommend home cervical auto-traction (patient controlled) devices for patients with radicular symptoms, but not 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. (Aetna, 2004) (Olivero, 2002) (Joghataei, 2004) (Shakoor, 2002) In this case, there is pain, but no clear signs and symptoms presented of true radiculopathy; the request is not medically necessary.