MAXIMUS Federal Services

Case Number:	CM15-0146651		
Date Assigned:	08/07/2015	Date of Injury:	11/26/2012
Decision Date:	09/03/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/28/2015

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 39-year-old female who sustained an industrial injury on 11-26-2012. She reported pain in her neck and upper extremity while doing maintenance work and has been diagnosed with degenerative cervical disc disease, right shoulder sprain, and myofascial pain syndrome. Treatment has included myofascial therapy, medications, physical therapy, and chiropractic care. Palpation revealed discrete tender trigger points over her neck and posterior shoulder. X-rays of her neck revealed multilevel degenerative changes. The treatment plan included physical therapy, TENS unit, Saunders home cervical traction unit, and medications. The treatment request included Saunders cervical traction unit and neurovascular entrapment kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saunders Cervical Traction Unit 30 day trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back, Traction, page 173.

Decision rationale: Per ACOEM Treatment Guidelines for the upper back and neck, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per ODG, cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. In addition, there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. The x-rays showed degenerative changes without clear neural foraminal stenosis for possible nerve impingement; There are no clinical findings with correlating dermatomal or myotomal neurological deficits identified. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. The Saunders Cervical Traction Unit 30 day trial is not medically necessary and appropriate.

Neurovascular Entrapment Kit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME), pages 297-298, 309.

Decision rationale: Submitted reports have not provided details of what is contained in the Neurovascular entrapment kit. Per ACOEM Treatment Guidelines for the upper back and neck, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per ODG, cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. In addition, there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. The x-rays showed degenerative changes without clear neural foraminal stenosis for possible nerve impingement; There are no clinical findings with correlating dermatomal or myotomal neurological deficits identified. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. As the Saunders Cervical Traction Unit 30 day trial is not medically necessary and appropriate, thereby, the Neurovascular Entrapment Kit is not medically necessary and appropriate.