

Case Number:	CM15-0180858		
Date Assigned:	09/22/2015	Date of Injury:	03/31/2009
Decision Date:	10/29/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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: New Jersey
 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 36 year old female sustained an industrial injury on 3-31-09. Documentation indicated that the injured worker was receiving treatment for injuries to the neck, left shoulder, both wrists, left knee, low back and both elbows. Previous treatment included physical therapy, injections, bracing, elbow sleeve, cervical collar, neck pillow, hot and cold wrap, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 8-13-15, the injured worker was seen for follow-up. Subjective complaints were not documented. The physician noted that the injured worker had limitations with gripping, grasping, torquing and prolonged walking. Cold weather worsened her symptoms. Objective findings included blood pressure 122 over 84 mmHG, pulse 76 beats per minute, tenderness along the lateral patella with weakness to resisted function, "satisfactory" motion of the knee without gross effusion. The physician noted that magnetic resonance imaging cervical spine (undated) showed disc herniation at C6-7 and bulging from C2 to C6. Nerve studies (2011) showed C6-7 radiculopathy. The treatment plan included requesting authorization for medications (Nalfon, AcipHex, Flexeril and Ultracet), nerve studies for the upper extremities and neck traction with air bladder. On 8-20-15, Utilization Review noncertified a request for cervical traction with air bladder and electromyography and nerve conduction velocity test bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Traction.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Traction.

Decision rationale: The MTUS ACOEM Guidelines state that cervical traction does not have high-grade scientific evidence to support its effectiveness or ineffectiveness. However, it may be considered on a trial basis with close monitoring. Continuation would need to be justified by evidence of functional benefit from previous treatments with traction. The ODG states that only home-based devices (in particular the over-the-door type) are recommended for this trial as they come with lower risk than institutional traction devices that are powered. Also, the ODG recommends that it should be used only in combination with an exercise program and use beyond 2-3 weeks should be backed up by functional improvement. In the case of this worker, there was complaint of headaches and a diagnosis of "discogenic cervical condition with facet inflammation," however, there was no neck examination or upper extremity examination documented in recent notes to show current objective evidence of neck dysfunction to warrant neck traction. Therefore, the request for traction device is not medically necessary.

Electromyography/Nerve Conduction Velocity bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The MTUS ACOEM Guidelines for neck and arm/wrist complaints suggests that most patients do not require any special studies unless a 3-4 week period (for neck) or 4-6 period (for wrist) of conservative care and observation fails to improve symptoms. When the neurologic examination is less clear or if nerve symptoms worsen, EMG and NCV tests may be considered to help clarify the cause of neck or arm symptoms. In the case of this worker, there was complaint of headaches and a diagnosis of "discogenic cervical condition with facet inflammation," however, there was no neck examination or upper extremity examination documented in recent notes to show current objective evidence of neck dysfunction to warrant nerve testing. Also, there was a prior MRI of the cervical spine completed in 2011 with results to already support the diagnosis of cervical radiculopathy and there was no apparent reason for additional testing in this area as symptoms had not changed to warrant such. Therefore, the request for nerve testing is not medically necessary.

