

Case Number:	CM15-0192021		
Date Assigned:	10/06/2015	Date of Injury:	07/10/2013
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, 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:

The injured worker is a 48 year old female who sustained an industrial injury on 7-10-13. Medical records indicate that the injured worker has been treated for major depressive disorder; cervical radiculopathy; cervical disc disease; left and right shoulder sprain-strain; left and right shoulder tendinitis. She currently (9-15-15) complains of upper back pain with a pain level of 8 out of 10. She has diminished arm pain since she had an injection. Her sleep is improved. The 9-9-15 progress note the bilateral shoulder pain had a pain level of 4 out of 10 after left shoulder injection. Diagnostics included MRI left shoulder (8-14-15) showing moderate supraspinatus and infraspinatus tendinosis with no rotator cuff tear visible; MRI of the right shoulder (8-17-15) showing moderate supraspinatus and infraspinatus tendinosis with no rotator cuff tear visible; electromyography-nerve conduction study (5-11-15) showing cervical radiculopathy; MRI of the cervical spine (4-28-15) showing cervical disc disease. Treatments to date include medication: bupropion XL, Lidopro, cyclobenzaprine, omeprazole, Tylenol, Lexapro, gabapentin; left shoulder steroid injection (2nd one 9-1-15 with significant relief); heat; transcutaneous electrical nerve stimulator unit with benefit; home exercise program. The request for authorization dated 6-1-15 was for cervical traction for home use. The request for left elbow brace was not present. On 9-24-15 Utilization review non-certified, the requests for cervical traction for purchase; left elbow brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary, and Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Activity.

Decision rationale: Traction has not been proved effective for lasting relief in treating low back pain. In this case, cervical traction was requested for headaches. Length of use was not specified. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not medically necessary.

Left elbow brace: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Recommendations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Elbow (Acute & Chronic), Brace.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Medial Epicondylalgia, Lateral Epicondylalgia, Summary.

Decision rationale: According to the guidelines, bracing is appropriate for epicondylitis. In this case there is shoulder and neck pathology but the clinical evidence does not support a diagnosis to use an elbow brace. The request is not medically necessary.