

Case Number:	CM15-0028099		
Date Assigned:	02/20/2015	Date of Injury:	06/22/2012
Decision Date:	04/06/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 44 year old female sustained an industrial injury on 6/22/12. She subsequently reports ongoing neck and right shoulder pain. Diagnoses include discogenic cervical condition and impingement syndrome of the shoulder. The injured worker has undergone right shoulder surgery. The progress note cites an MRI report that reveals abnormalities of the cervical spine. Treatments to date have included work restrictions and prescription pain medications. On 1/13/15, Utilization Review non-certified a request for Cervical traction with air bladder. The Cervical traction with air bladder was denies based on MTUS ACOEM, Chronic Pain and ODG guidelines.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173 - 174, 181, table 8-8,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedures.

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

Decision rationale: According to MTUS guidelines, and in the chapter Initial approaches to treatment, Table 3-1, traction is not medically necessary as a physical treatment method. Furthermore and the chapter of Neck and Upper Back Complaints, “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. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living.” There is no documentation that the patient is suffering from radicular pain and cervical radiculopathy. Therefore, the request for cervical traction with air bladder is not medically necessary.