

Case Number:	CM15-0036520		
Date Assigned:	03/05/2015	Date of Injury:	03/18/2014
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/26/2015

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:

The injured worker is a 47 year old male, who sustained an industrial injury on 3/18/14. He has reported upper back, neck and shoulder area injuries. The diagnoses have included thoracic sprain/strain and late effects of motor vehicle accident. Treatment to date has included physical therapy and oral pain medications, including Nabumetone 750 mg, Orphenadrine Citrate ER 100mg and Acetaminophen 500mg. Currently, the injured worker complains of shoulder pain, improving with physical therapy. Pain in left shoulder is noted on extension on 1/8/15. On 1/26/15 Utilization Review non-certified Saunders' cervical traction unit, noting the injured worker has improving symptoms and there are no radicular complaints or objective findings. The ODG was cited. On 2/26/15, the injured worker submitted an application for IMR for review of Saunders' cervical traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saunders cervical traction unit: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Initial Approaches to Treatment Page(s): 49.

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 Saunders cervical traction unit is not medically necessary.