

Case Number:	CM15-0041470		
Date Assigned:	03/11/2015	Date of Injury:	07/27/2011
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 62 year old male who sustained an industrial injury dated 07/27/2011. The initial injury is documented to be a fall landing on his coccyx and hitting his head. He complained of injury to head, neck, shoulders and lower back. Treatment to date has included diagnostic studies, evaluation by orthopedist, and steroid injection in left shoulder, bilateral carpal tunnel release and physical therapy. Nerve conduction studies and MRI of cervical spine report are documented in the 01/20/2015 note. He presents for follow up on 01/20/2015 with complaints of neck and low back pain rated as 6/10 to 7/10 in intensity. Physical exam revealed paresthesias down the left arm and with turning his head to the right. Left rotation produced pain down the mid back region. There was decreased cervical range of motion in flexion and extension. There was some tenderness across the lumbosacral junction and some mild spasms. Diagnoses were neck pain, low back pain and bilateral severe carpal tunnel syndrome. The plan of treatment was for a Saunders cervical home traction unit. The injured worker noted that the traction unit he had in physical therapy helped relieve some of the symptoms down the arm. The provider documented the injured worker had relief of the symptoms with cervical distraction.

IMR ISSUES, DECISIONS AND RATIONALES

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

One trial of Saunders cervical home traction unit: 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): 183.

Decision rationale: The patient is a 62 year old male with an injury on 07/27/2011. He has decreased cervical range of motion, neck pain and back pain. The request is for a cervical traction unit for home use. MTUS, ACOEM guidelines note that there is no high-grade scientific evidence to support the efficacy of cervical traction for neck complaints. Thus, the requested cervical traction unit is not medically necessary.