

Case Number:	CM15-0041717		
Date Assigned:	03/11/2015	Date of Injury:	04/12/2002
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/05/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on 04/12/2002. He reported that he began having symptoms of itching and tingling to the right arm that radiated to the hands, especially the thumb and index finger, along with achiness to the neck and shoulder, and complaints of headaches. The injured worker was diagnosed as having cervical disc displacement without myelopathy, cervical disc degeneration, carpal tunnel syndrome, insomnia due to medical condition classified elsewhere, post laminectomy syndrome of the cervical region, lateral epicondylitis, Achilles tendinitis or bursitis, myalgia and myositis not otherwise specified, anxiety state not otherwise specified, chronic pain syndrome, depressive disorder not elsewhere classified, injury to the musculocutaneous nerve, and migraine unspecified. Treatment to date has included laboratory studies, psychotherapy, medication regimen, lumbar spine epidural steroid injection, and cervical spine epidural steroid injections. In a progress note dated 07/30/2014 the treating provider reports pain to the neck that radiates to the arm and complaints of high anxiety. The treating physician also reports the injured worker to have complaints of moderate headaches that are located at the occiput and spread to the bilateral forehead with a pain rating of a nine out of ten and with associated symptoms of nausea, blurriness to vision, and floaters, along with an aura prior to the headache. The medical records provided did not contain recent documentation for a request of a cervical traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines per 9792.24.25. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Neck & Upper Back Procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Cervical Traction.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, cervical traction unit is not medically necessary. The ACOEM (chapter 8, pages 173 - 174) indicate 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, TENS, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. In this case, the injured worker's relevant working diagnoses are cervical spondylosis without myelopathy; cervical disc displacement without myelopathy; cervical this degeneration; posttraumatic syndrome cervical region; chronic pain syndrome; etc. The medical documentation from the treating physician does not contain evidence of the cervical surgical procedure. The utilization review indicates the injured worker, pursuant to a February 2, 2015 progress note, (not a medical record) underwent anterior cervical discectomy and fusion at C5 - C6. The most recent progress note in the medical record was dated July 30, 2014. There were no contemporaneous notes in the medical record on or about the date of the request for authorization. Additionally, cervical traction is not recommended. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Consequently, absent contemporaneous clinical documentation with a clinical indication or rationale for cervical traction with guideline non-recommendations for cervical traction, cervical traction unit is not medically necessary.