

Case Number:	CM15-0043273		
Date Assigned:	03/13/2015	Date of Injury:	07/01/2003
Decision Date:	04/16/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old female, who sustained an industrial injury on 7/1/03. She reported cumulative trauma to bilateral upper extremities and neck/cervical spine. The injured worker was diagnosed as having myofascial pain syndrome; lumbago; radiculitis lumbar; cervical pain; herniated cervical and lumbar disc; shoulder region disease NEC; thoracic disc degeneration. Treatment to date has included chiropractic care; EMG/NCV bilateral upper extremities (3/2/11); MRI cervical spine (5/8/12); cervical medial branch block right C3-C6 (6/4/10); cervical medial branch block left C3-C6 (8/6/10). Currently, per notes dated 2/27/15, the injured worker complains of a "fair amount of pain and medications help some". The injured worker has pain in the back as well as neck pain and arm pain. The pain scale with medications is 9/10. The documentation submitted does not indicate any surgical intervention as treatment for this injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) neck-traction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Traction.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic neck, arm, and low back pain. When seen by the requesting provider she had cervical spine tenderness. Her pain had increased to 10/10 including with the use of medications. She was placed out of work. Guidelines address the role of cervical traction in the treatment of chronic neck pain. Traction is a self-managed treatment modality. Patient controlled home cervical traction can be recommended for patients with radicular symptoms, in conjunction with a home exercise program. In this case, the claimant has neck pain without reported radicular symptoms and without physical examination findings of cervical radiculopathy or documented response to traction including manual traction when she was evaluated. Therefore, the requested purchase of a home traction unit is not medically necessary.