

Case Number:	CM15-0047324		
Date Assigned:	03/20/2015	Date of Injury:	08/17/2013
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/12/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 48 year old male, who sustained an industrial injury on 08/17/2013. He reported slight neck pain with gradually increasing neck pain which began to shoot down into the right arm. The injured worker was diagnosed as having cervical stenosis with right upper extremity radiculopathy. Treatment to date has included medications, physical therapy, MRI of the cervical spine and epidural steroid injections. Currently, the injured worker complains of neck pain and stiffness. The provider noted that since the initial injury his symptoms had improved dramatically and that he did not believe surgery would help. The treatment plan included a home cervical traction unit for intermittent use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Cervical Traction unit for intermittent use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM plus practice guidelines, Cervical and Thoracic spine disorders, Cervical Traction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: Per the ACOEM guidelines: 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. Per table 8-8, traction is not recommended as a physical treatment method for managing neck and upper back complaints. Furthermore, the documentation submitted for review did not indicate that the injured worker has had a trial of cervical traction with results that might support furnishing a home cervical traction device. The request is not medically necessary.