

Case Number:	CM15-0057679		
Date Assigned:	04/02/2015	Date of Injury:	10/15/2006
Decision Date:	05/08/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old female, who sustained an industrial injury on 10/15/2006. She has reported injury to the neck and left shoulder. The diagnoses have included cervical disc disease; cervical radiculopathy; and left shoulder impingement syndrome. Treatment to date has included medications, diagnostics, epidural injection, trigger point injection, acupuncture, and physical therapy. Medications have included Norco, Zanaflex, Celebrex, and topical compounded creams. A progress note from the treating physician, dated 09/12/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing constant pain over her neck which radiates to the upper back; pain is associated with headaches; and continued pain over the bilateral shoulders, which radiates to the bilateral elbow and bilateral wrists/hand/fingers. Objective findings included tenderness to palpation over the bilateral trapezius and bilateral levator scapulae, left greater than right, with spasms; and pain with range of motion. The treatment plan has included the request for a home traction unit.

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 Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical).

Decision rationale: The patient present with neck pain radiating to the upper back. The request is for HOME TRACTION DEVICE. Physical examination to the cervical spine on 09/12/14 revealed tenderness to palpation over the trapezius and bilateral levator scapulae, left greater than right. Patient's treatments have included trigger point injections, ESIs, acupuncture and physical therapy. Per 09/12/14 progress report, patient's diagnosis include cervical spine 4 mm disc/osteophyte complex at C5-6 with mild indentation of the spinal cord, moderate central canal stenosis, and mild neural foraminal stenosis, 3 mm disc/osteophyte complex at C6-7 with mild to moderate central canal stenosis. Per MRI scan of November 2, 2011, cervical spine C5-6 3 mm disc bulge with mild to moderate central stenosis of 8 mm with slight indentation of the central sac, C6-7 2 mm diffuse bulge with mild to moderate central canal narrowing to 8 mm. Per MRI of February 28, 2013, cervical strain/sprain, chronic, with myofascitis, cervical spine radiculitis, left, left shoulder tendinopathy with a partial tear at the dorsum of the supraspinatus tendon and subdeltoid bursitis. Per MRI of March 1, 2012, left shoulder impingement syndrome, depression/anxiety/stress, deferred to appropriate physician, and TMJ syndrome, deferred to appropriate physician. Patient's medications, per 09/22/14 progress report include Norco, Zanaflex, Celebrex, Lidoderm 5% Patch, Omeprazole, KGLBC Cream, and Dendracin Lotion. Patient is temporarily totally disabled. MTUS is silent on home traction devices. Therefore ACOEM and ODG were referenced. ACOEM guidelines page 173 on C-spine traction states, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists traction under Not Recommended section for summary of recommendations and evidence table 8-8. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical) states: Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. (Aetna, 2004) In this case, only two progress report was provided. The treater has not discussed this request. The patient presents with neck pain radiating to the upper back and is diagnosed with cervical spine radiculitis, left. Given the patient's symptoms and diagnosis, a trial of a cervical traction device would be indicated per ODG, although it is not supported by ACOEM. However, the request does not specify the type of home traction unit. Mechanical or powered devices are not recommended per ODG. Given the lack of clarity as what type of traction device is being asked for, the request IS NOT medically necessary.