

Case Number:	CM15-0058809		
Date Assigned:	04/03/2015	Date of Injury:	03/11/2014
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/27/2015

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, 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 31 year old female, who sustained an industrial injury on March 11, 2014. She reported neck pain with radiating pain into the right elbow and wrist and associated tingling and numbness of the right upper extremity. The injured worker was diagnosed as having cervicalgia, right lateral epicondylitis, mild right carpal tunnel symptoms and severe right medial epicondylitis. Treatment to date has included diagnostic studies, conservative treatments, an arm sling, and injections for pain, medications and work restrictions. Currently, the injured worker complains of neck pain with radiating pain into the right elbow and wrist and associated tingling and numbness of the right upper extremity. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on November 19, 2014, revealed continued pain as noted. An injection was administered in the right elbow and medications were adjusted. A home traction device for the cervical spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home traction unit for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck & upper back, Traction (mechanical).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 174 and 181.

Decision rationale: Regarding the request for cervical traction, Occupational Medicine Practice Guidelines state that there is no high-grade scientific evidence to support the use of traction. They go on to state the traction is not recommended. Within the documentation available for review, there is no clear rationale for the use of traction in spite of the CA MTUS and ACOEM recommendation against its use in the cervical spine. In the absence of such documentation, the currently requested cervical traction is not medically necessary.