

<b>Case Number:</b>	CM15-0234434		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	03/29/2001
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 66 year old male who sustained an industrial injury on 03-29-2001. According to a progress report dated 10-02-2015, the injured worker continued to have cervical pain and head pain x 3 weeks. He had been using exercises and massage that he learned from physical therapy, but it was not working. Pain was constant and rated 4-5 out of 10. Pain radiated up in to the skull and hurt his eyes. He took Ibuprofen as needed. Diagnoses included displacement of cervical intervertebral disc without myelopathy and other affections of shoulder region. The treatment plan included Tramadol and Celebrex, physical therapy for traction modalities and isometrics, pain management for possible trigger injections and pneumatic traction unit. The injured worker was retired. Treatment to date has included physical therapy. The records did not indicate how many sessions had been completed to date. There was no discussion regarding functional improvement with physical therapy. On 10-26-2015, Utilization Review non-certified the request for physical therapy 2 x 4 for the neck and DME: pneumatic cervical traction unit (rental for 30 days). The request for pain management consultation for possible injection was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 for the neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The claimant has degenerative disc disease of the cervical spine with current complaints of neck and head pain. Date of injury was in 2001. Prior treatments have included physical therapy (PT) and Ibuprofen. There is no documentation of the number of PT sessions completed. There is no discussion of functional improvement as a result of prior PT. The request for 8 additional PT sessions to the neck is not justified by the documentation submitted and is not medically necessary or appropriate.

**DME: Pneumatic cervical traction unit (rental for 30 days):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Traction (mechanical).

**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 (mechanical traction).

**Decision rationale:** The request is for DME, pneumatic cervical traction unit for rental. CA MTUS does not specifically address traction units, however ODG states that cervical traction is an option for patients with radicular symptoms, in conjunction with a home exercise program. In this case, the patient does not have documentation of cervical radiculopathy as required by guidelines to justify the request. Therefore the request is not medically necessary or appropriate.