

Case Number:	CM13-0035420		
Date Assigned:	12/13/2013	Date of Injury:	03/21/2001
Decision Date:	02/06/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of March 21, 2001. A utilization review determination dated September 25, 2013 recommends non-certification of home traction unit. The request for authorization dated September 13, 2013 identifies, "she has been provided treatment relative to a work related neck injury and has been diagnosed with cervical sprain/strain with underlying 2 mm disc protrusion from C3 through C7 levels with mild to moderate foraminal stenosis at C4-5 and C5-6 levels. The patient has been treated in the past with office-based therapies and has also had cervical epidural injections administered." The note goes on to state, "she had been interested in pursuing the surgical option and therefore, I had requested consultation with an orthopedic spine surgeon. Unfortunately, the surgical consultation had not been authorized and therefore she had been released from my care." The note goes on to state, "I have made a request in my orthopedic reevaluation report dated October 22, 2009 that the patient be provided with a home cervical traction unit. She had been provided with this device and had reported that its use was beneficial and helped her control and maintain her neck pain and alleviate some of her radiating arm symptoms. The patient had recently contacted this office and I have been informed that she reported that her traction unit was no longer functional. She stated that as a result of discontinuing its use, her neck pain and radiating symptoms have increased. She was requesting that the device be either repaired or replaced. Upon further investigation, it was determined that the traction unit that the patient received was quite old and outdated. Therefore, repair of the device was not an option."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Traction Unit DME Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Traction.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for cervical traction unit, 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. They state that these palliative tools may be used on a trial basis that should be monitored closely. Official Disability Guidelines (ODG) state that home cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. They go on to state that powered traction devices are not recommended. Guidelines go on to state that the duration of cervical traction can range from a few minutes to 30 minutes, once or twice weekly to several times per day. Within the documentation available for review there is no statement indicating the frequency and duration with which the patient is using the traction device, what specific analgesic benefit is achieved with its use (in terms of percent pain reduction or reduction in numeric rating scale), what specific objective functional improvement is obtained with the use of this device, whether there is any reduction in pain medication as a result of this device, and whether this device is being used concurrently with a home exercise program as recommended by guidelines. Furthermore, it is unclear whether this is a powered device, which is not recommended by guidelines. In the absence of clarity regarding those issues, the currently requested cervical home traction unit is not medically necessary.