

Case Number:	CM14-0142434		
Date Assigned:	09/10/2014	Date of Injury:	05/04/1999
Decision Date:	10/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Neurology 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 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/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:

The Injured Worker (IW) is a 51 year old male with a reported date of injury of 5/4/1999. There is no documentation provided to state the mechanism of injury. The IW reports bilateral shoulder, neck and low back pain. The pain is reported as 7-8 out of 10 without Vicodin and 5 out of 10 with Vicodin. The IW reports frequent spasms in the neck and low back with persistent numbness and tingling in the left arm. The IW is also reporting the pain is compromising his sleep pattern. The physical exam is notable for decreased range of motion of the neck with forward flexion (reported at 15 degrees) and extension at 25 degrees. The shoulder exam is notable for decrease abduction bilaterally with the right shoulder limited to 125 degrees and the left limited to 85 degrees. The lower back exam is notable for flexion limited to 35 degrees and extension to 20 degrees. The IW is currently taking Vicodin, Celebrex, and Cyclobenzaprine for pain and spasm management in addition to a proton pump inhibitor to prevent gastrointestinal complications from the oral medications. A previous request for the use of a durable medical equipment (DME) cervical traction device with air bladder, a hot and cold wrap, and 12 chiropractic sessions have been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME CERVICAL TRACTION WITH AIR BLADDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Page 181 cervical traction, Chronic Pain section, updated, Page 187, Traction and other decompressive devices

Decision rationale: Per the American College of Occupational and Environmental Medicine (ACOEM) guidelines regarding the use cervical traction, it is not recommended as these treatments have not shown to be effective. Therefore, the request to use cervical traction with and air bladder is not medically necessary in this case.

HOT AND COLD WRAP: 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 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: With regards to the use of heat and cold therapies, it is recommended during the acute to subacute phases of an injury for a period of two weeks or less. Considering the date of injury is more than 15 years ago, the efficacy or such treatment at this point is not recommended. The request for a heat and cold wrap is not medically necessary.

CHIROPRACTIC 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Page(s): 58.

Decision rationale: The chronic pain section of the California Medical Treatment Utilization Schedule (MTUS) recommends the use of manual therapy as an option for the treatment of musculoskeletal pain with a trial of six visits over two weeks for the treatment of low back pain. Since the documentation provided does not clarify the specific treatment plan or specifically what chiropractic treatment is being requested, it can only be inferred the treatment is for the low back. Since the request is for twelve treatments and not the recommended six visits, the request is not medically necessary.