MAXIMUS Federal Services

Case Number:	CM14-0174502		
Date Assigned:	10/27/2014	Date of Injury:	09/25/2012
Decision Date:	12/03/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50 year old male with an injury date of 09/25/12. Based on the 09/03/14 progress report provided by [redacted] the patient complains of daily neck pain with stiffness and limited range of motion. His overall pain level is average 5 out of 10 and increase to 8 out of 10. The pain radiates down to upper arms. The patient has cervical spasm at mild-moderate decrease in all ranges. The right wrist spasm has mild decrease and for the left has slight decrease in all ranges. His reflexes of biceps, triceps, and brachioradialis are 2+ bilaterally. Based on the 05/20/14 progress report, the patient had MRI scan of the cervical spine on 09/17/13, and it showed "moderate to severe disc degenerative changes and cervical spondylosis, more significant at C5, C6, and C7. A more significant secondary finding was foraminal stenosis with moderate to severe foraminal stenosis present at C5-C6 and C6-C7 levels, worse on the right." On electrodiagnostic studies performed of the upper extremities dated 03/05/14 showed moderate carpal tunnel syndrome. His diagnoses include following:1. Cervical strain with cervical degenerative disc disease and associated underlying foraminal stenosis, more significant at C5-6, and C6-7, worse on the right.2. Electrodiagnostic study evidence of carpal tunnel syndrome, moderate to severity. [redacted] is requesting for a cervical traction unit DME delivery, set-up, and /or dispensing service component. The utilization review determination being challenged is dated 10/09/14. [redacted] is the requesting provider, and he provided treatment reports from 04/22/14-09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Traction Unit DME Delivery, Set-Up, and/or Dispensing Service Component: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

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

Decision rationale: This patient presents with cervical strain and carpal syndrome. The request is for a cervical traction unit DME delivery, set-up, and /or dispensing service component. 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." ODG guidelines do support patient controlled traction units for radicular symptoms. This patient does not present with radicular symptoms with symptoms going to the upper arm only. MRI also only demonstrated foraminal stenosis present at C5-C6 and C6-C7 and it is unknown and unlikely that these findings are what is causing the patient's proximal arm symptoms. Given the lack of support from guidelines and the lack of a clear diagnosis of radiculopathy for which a non-motorized traction unit may be indicated the request is considered not medically necessary.