

Case Number:	CM14-0099791		
Date Assigned:	09/16/2014	Date of Injury:	12/05/2005
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/30/2014

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 Pain Management 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 40 year old with an injury date on 12/5/05. Patient complains of lower lumbar pain radiating into right lower extremity with numbness/tingling, and neck pain radiating into shoulder/upper arms per 3/11/14 report. Based on the 3/11/14 progress report provided by [REDACTED] the diagnoses are: 1. C-spine L-spine with bilateral upper extremity radiation 2. L-spine C-spine with bilateral 3. right L5 N.R. (MRI 11/20/13) 4. bilateral wrist hand / tones. De Quervains tenosynovitis with dynamic CTS Exam on 3/11/14 showed "positive straight leg raise on right with leg pain, restricted range of motion of L-spine and C-spine." [REDACTED] is requesting cervical traction unit (through [REDACTED]) between 6/10/14 and 9/11/14. The utilization review determination being challenged is dated 6/16/14 and rejects care because of an ongoing one exercise program. [REDACTED] is the requesting provider, and he provided treatment reports from 1/14/14 to 4/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Traction Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical Traction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Neck and Upper Back (Acute and Chronic)

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 Chapter for traction

Decision rationale: This patient presents with lower back pain radiating into right lower extremity and neck pain radiating into shoulder/upper arms. The treater has asked for cervical traction unit between 6/10/14 and 9/11/14. MRI dated 11/20/13 shows a 3mm disc protrusion at L5-S1. Regarding home traction units, ACOEM states there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of such passive physical modalities. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. According to ODG guidelines, cervical traction is indicated for radiculopathy due to disc herniation. In this case, the treater has asked for cervical traction for radiculopathy. In this case, there is no evidence of cervical radiculopathy. There is no disc herniation or stenosis of the C-spine but just some radiating symptoms into the arm. C-spine traction is not indicated unless radiculopathy with disc herniation is documented. The request for Cervical Traction Unit is not medically necessary.