

Case Number:	CM13-0052413		
Date Assigned:	12/27/2013	Date of Injury:	05/22/2012
Decision Date:	03/03/2015	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/15/2013

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: Colorado

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 34 year old male with a work related injury dated 05/22/2012 while driving a company truck which hit the side of another car. The injured worker (IW) stated he struck his left knee against the dashboard. He received treatment for this injury including an MRI of right shoulder, x-rays of lumbar spine and medications. Follow up visit dated 09/05/2013 notes the IW complained of neck pain rated 8 on a scale of 1-10, severe right shoulder pain that radiates to the head, neck, elbow, arm and hand. The shoulder pain is described as stabbing and is rated 8 on a scale of 1-10. He also describes moderate pain that radiates to the fingers, arm, elbow and shoulder which is rated as 6 on a scale of 1-10. Physical exam of cervical spine showed tenderness to palpation of the paracervical, levator, scapulae and trapezius muscles. Positive levator scapulae and trapezius muscle spasms is detected. There is no evidence of torticollis or crepitus. Cervical spine range of motion is documented as follows:- Flexion - 30 degree- Extension - 25 degree with pain- Right lateral bending 15 degree - right upper extremity cervical 7 pain- Left lateral bending 10 degree- Right rotation 55 degree- Left rotation 65 degree. Spurling sign was positive for neck pain radiating to levator scapulae, trapezius and parascapular muscles. Cervical spine x-rays on 08/20/2012 was negative for fracture, dislocation, subluxation or disc space narrowing. MRI of cervical spine on 09/12/2012 showed straightening of normal lordotic curvature, mild narrowing of the left neural foramen at C(cervical) 2- C 3 level, mild degree of central stenosis at C3-C4 level secondary to a 2 mm cervical posterior disc protrusion causing pressure over the anterior aspect of the thecal sac. There was mild narrowing of the left neural foramen and moderately significant narrowing of the right neural foramen.

There was a 1.5 mm broad based posterior disc/endplate osteophyte complex at C 4-C5 level. There was mild narrowing to both neural foramina. There was a mild degree of central stenosis at C5-C6 level secondary to a 2 mm right paracentral posterior disc protrusion causing pressure over the anterior aspect of thecal sac. There was mild narrowing to both neural foramina. There was a mild degree of central stenosis at C6-C7 level secondary to a 2 mm central posterior disc protrusion causing pressure over the anterior aspect of the thecal sac with mild narrowing of both neural foramina. MRI of right shoulder done on 07/16/2012 showed small oblique full thickness tear or stripping of the distal supraspinatus tendon and greater tuberosity attachment with tear defect over about 5-6 mm wide area, thinning and oblique longitudinal partial tearing of the distal deep margin of the subscapularis tendon and lesser tuberosity to rotator interval and fraying and possible slight undermining and partial detachment of articular margin of superior labrum, undermining and longitudinal partial detachment of anterior-inferior labrum. Prior treatment consisted of a pulley system at home, cervical traction unit (which helped), TENS unit, Ibuprofen, muscle relaxants and pain medication. Medical history consisted of stroke times 2, seizures, dialysis, hypertension and 3 abdominal surgeries due to intestinal rupture. Current diagnoses:- Right shoulder SIS with superior labral tear, DJD, right AC joint- Cervical strain with right upper extremity C7 cervical radiculitis with headaches- Right shoulder subacromial impingement syndrome- Low back with right lower extremity sciatica- Sleep disturbance- Lumbar scoliosis- Left shoulder impingement syndrome. Work status was temporary total disability times 4 weeks. The provider requested Saunders home cervical traction unit. On 10/01/2013 utilization review issued a decision stating: Guidelines are not met for this patient since there is no radiating neck pain and there is no mention of the performance of a home exercise program. Additionally, the patient has been noted to have a full thickness rotator cuff tear which may be primarily responsible for the majority of his symptoms. Medical justification for the proposed cervical traction unit purchase cannot be established and the request is not certified. Guidelines cited - CA MTUS 2009 Neck and Upper Back Complaints; ACOEM Occupational Medicine Practice Guidelines second edition 2004 pages 181-183 and ODG Neck and Upper Back (updated 05/14/2013) Traction. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Traction

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initial Treatment Approaches, Neck and Upper Back Complaints, Cervical Nerve Root Decompression.

Decision rationale: According to the MTUS initial treatment approaches for musculoskeletal injuries, cervical traction is not recommended. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. This palliative tool may be used on a trial basis and should be monitored closely with emphasis on

functional restoration and return to activities of normal daily living. For cervical nerve root decompression, cervical traction is not recommended. In this case, there is no documented evidence of functional improvement secondary to cervical traction and it appears that its intended purpose is for cervical nerve root decompression. Therefore, the request for home cervical traction unit is not medically necessary or appropriate.