

<b>Case Number:</b>	CM14-0184319		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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:

This patient is a 65-year-old female with the date of injury of March 1, 2011. The diagnoses are cervical spondylosis, cervical stenosis and cervical displacement of disc. According to orthopedics supplemental report from June 4, 2014 the patient presents with chronic neck and right hand pain. It was noted the patient has right trigger thumb with decreased range of motion. MRI of the cervical spine from April 16, 2014 revealed multilevel DDD relatively worst at C5-6, and prominent in plate narrow degenerative changes. The treating physician recommended x-rays of the hand and additional rhizotomies. The utilization review discusses a medical report dated September 30, 2014, which was not provided for my review. According to this report, the patient presents with chronic neck pain and underwent a cervical radiofrequency on June 5, 2014. The patient reports that the pain has slowly returned. It was noted the patient is "not on any HNP and does use Percocet and Vicodin." Examination revealed paraspinal spasm to palpation, and limited range of motion by 70%. A Request was made for 16 sessions of physical therapy and a home traction unit. Utilization review denied the request on October 23, 2014. The medical file includes reports from September 3, 2010 through November 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 16: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents with chronic neck pain. The current request is for physical therapy x 16. For physical medicine, the MTUS guidelines page 98-99 recommend for myalgia and myositis type symptoms, 9 to 10 sessions over eight weeks. The progress reports provided for review do not discuss physical therapy treatment history. Given the patient's chronicity of injury it is likely the patient has participated in some physical therapy in the past. This patient underwent a cervical radiofrequency procedure on June 5, 2014 and notes that her left sided stiffness, tightness and pain has returned. It appears the patient has a flare-up in her symptoms and there is no documentation of recent physical therapy. In this case, a short course of 9 to 10 sessions may be indicated, but the treating physician's request for 16 sessions exceeds what is recommended by MTUS. Recommendation is that the request is not medically necessary.

**Saunders home traction unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Shoulder Chapter, Traction

**Decision rationale:** This patient presents with chronic neck pain. The current request is for Saunders home traction unit. 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. Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. ODG-TWC, Neck and Upper back chapter does support patient controlled Traction units for radicular symptoms, "but not powered traction devices." Although the patient has diagnoses of cervical spondylosis and cervical stenosis, the examination findings do not indicate radicular symptoms. The ODG guidelines do recommend cervical traction for patients with radicular symptoms for the treatment of cervical radiculopathy. The treating physician has not documented that the patient has cervical radiculopathy and the patient has recently had cervical radiofrequency performed which is only indicated for patients that do not have radiculopathy. Furthermore, the treating physician has requested a specific brand called Saunders home traction unit. This unit is a powered traction device, which is not supported by ODG. Recommendation is that the request is not medically necessary.

