MAXIMUS Federal Services

Case Number:	CM15-0007797		
Date Assigned:	01/23/2015	Date of Injury:	12/09/2011
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

The male injured worker suffered and industrial injury on 12/09/2011.The diagnoses were sprain/strain shoulder and upper arm. The treatments were medications, home exercise program, and ice. The treating provider reported positive spasms, tenderness and pain to the cervical spine. The left shoulder was tender and decreased range of motion. The Utilization Review Determination on 12/22/2014 non-certified cervical traction, pneumatic, purchase, citing MTUS Chronic Pain Treatment Guidelines ACOEM chapter 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction Pneumatic, Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to MTUS guidelines, and in the chapter Initial approaches to treatment, Table 3-1, traction is not medically necessary as a physical treatment method. Furthermore and the chapter of Neck and Upper Back Complaints, 'There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/ cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. 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.' There is no documentation that the patient is suffering from radicular pain and cervical radiculopathy. In addition, it is not clear if the patient is participating in a home exercise program. Therefore, the request for Cervical traction Pneumatic, Purchase, is not medically necessary.