

<b>Case Number:</b>	CM15-0011748		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 51 year old male was injured in an industrial accident on 5/8/13 resulting in injury to his back neck and both feet. He currently complains of pain and stiffness in the lumbar spine, neck, shoulders and bilateral first great toe. Pain intensity is 5/10. Current medications are for non-industrial issues. Diagnoses include lumbar spine strain/ sprain and lumbar myofascitis and arthritis of the great right toes resulting in multiple surgeries and anxiety. Treatments are chiropractic, acupuncture (which was beneficial) and physiotherapy treatments. Diagnostic were MRI of the cervical spine, low back and bilateral shoulders (2013), radiographs of the right and left foot, right and left ankle, cervical spine and right and left shoulders. The treating physician requested cervical traction for the injured workers neck pain and urine toxicology to determine current level of prescription medications. His medication history is unclear and no narcotics were addressed. On 12/24/14 Utilization Review non-certified the requests for cervical traction unit and urine toxicology screen citing MTUS.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anderson BC, et al. Treatment of neck pain. Topic 7777, version 23.0. UpToDate, accessed 11/02/2014.

**Decision rationale:** The MTUS Guidelines are silent on the use of cervical traction at home in this clinical situation. Studies of cervical traction delivered along with a physical therapy program have not shown this treatment to provide greater benefit than placebo. The literature does not support using cervical traction for the treatment of neck pain. The submitted and reviewed documentation indicated the worker was experiencing pain that went into the legs, both shoulders with overhead activities, and neck with stiffness. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a cervical traction unit is not medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Opioids, Steps to Avoid Misuse/Addiction Page(s): page(s) 76-80, p.

**Decision rationale:** The MTUS Guidelines encourage the use of urinary drug screen testing before starting a trial of opioid medication and as a part of the on-going management of those using controlled medications who have issues with abuse, addiction, or poor pain control. The Guidelines support the use of random urinary drug screens as one of several important steps to avoid misuse of these medications and/or addiction. The submitted and reviewed records indicated the worker was experiencing pain that went into the legs, both shoulders with overhead activities, and neck with stiffness. These records did not indicate the worker was taking any restricted medications or that this type of treatment was being considered. In the absence of such evidence, the current request for urine toxicology screen testing is not medically necessary.