

Case Number:	CM15-0112950		
Date Assigned:	06/19/2015	Date of Injury:	02/05/2013
Decision Date:	07/21/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/11/2015

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: California
Certification(s)/Specialty: Emergency 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 injured worker is a 51 year old male who sustained an industrial injury on 02/05/13. Initial complaints and diagnoses are not available. Treatments to date include medications, psychiatric counseling, neck pillow, hot and cold wrap, and a 2 lead TENS unit. Diagnostic studies include MRIs of the cervical and lumbar spine, as well as the head. Current complaints include neck and low back pain. Current diagnoses include discogenic cervical and lumbar condition, post-concussion issues of memory loss, depression, irritability, fatigability, personality and mood swings; stress, depression and anxiety, as well as hypertension. In a progress note dated 04/27/15 the treating provider reports the plan of care as medications including nalfon, naproxen, Flexeril, Topamax, Protonix, tramadol, Neurontin, and Effexor; neck traction with air bladder, four lead TENS with conductive garment, and urine drug screen. The requested treatments include neck traction with air bladder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: The requested Cervical traction with air bladder, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Page 181, does not recommend cervical traction. The injured worker has neck and low back pain. The treating physician has not documented subjective or objective findings indicative of cervical radiculopathy, nor objective evidence of derived functional benefit from the use of cervical traction under the supervision of a licensed physical therapist. The criteria noted above not having been met, Cervical traction with air bladder is not medically necessary.