

Case Number:	CM15-0120207		
Date Assigned:	06/30/2015	Date of Injury:	11/08/2004
Decision Date:	07/29/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/22/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 68 year old female with an industrial injury dated 11/08/2004. The injured worker's diagnoses include neck sprain/strain, lumbar sprain/strain, cervicgia and lumbago. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, home exercise therapy and periodic follow up visits. In a progress note dated 04/29/2015, the injured worker reported lumbar spine and cervical spine pain. The injured worker reported no improvement since last visit. Objective findings revealed improved occipital tenderness and reduced lumbar spine range of motion. The treating physician prescribed services for physical therapy, 2 times a week for 3 weeks, for the bilateral neck and low back area and durable medical equipment (DME) cervical traction unit (home), for the bilateral neck now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 3 weeks, for the bilateral neck and low back area:

Upheld

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

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. The patient's injury is remote from 2004, and an agreed medical evaluation did indicate prior therapy was done but no summary of functional improvement is provided. Therefore additional physical therapy is not medically necessary.

Durable medical equipment (DME) cervical traction unit (home), for the bilateral neck:
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): 173-4. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter, Traction.

Decision rationale: Regarding the request for cervical traction unit, American College of Occupational & Environmental Medicine Practice Guidelines state that there is no high-grade scientific evidence to support the use of traction. They go on to state the traction is not recommended. They state that these palliative tools may be used on a trial basis that should be monitored closely. ODG states that home cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. They go on to state that powered traction devices are not recommended. Guidelines go on to state that the duration of cervical traction can range from a few minutes to 30 minutes, once or twice weekly to several times per day. Additionally, they do not recommend continuing the use of these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Given the above recommendations against cervical traction due to a paucity of clinical research to support its use, the currently requested cervical traction is not medically necessary.