

Case Number:	CM15-0125456		
Date Assigned:	07/16/2015	Date of Injury:	01/13/2014
Decision Date:	08/11/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	06/30/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 (IW) is a 58-year-old male who sustained an industrial injury on 01/13/2014. Diagnoses include chronic cervical spine syndrome with multiple level degenerative disc disease and benign lesion at C5. Treatment to date has included medication and physical therapy. MRI of the cervical spine on 2/21/14 showed multilevel degenerative changes consistent with cervical spondylosis; significant right neural foraminal narrowing at C4-5 and moderate bilateral foraminal narrowing at C5-6; and a marrow-replacing lesion in the right side of the C5 vertebral body. According to the progress notes dated 4/28/15, the IW reported neck pain and stiffness without definite radiculopathy. On examination, there was tenderness and spasms noted from C4 to the trapezius. Range of motion was full with mild pain. Cervical compression testing was mildly uncomfortable. Motor and sensory exam was normal. A request was made for outpatient cervical traction three times weekly for four weeks to alleviate neck symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cervical traction 3 times a week for 4 weeks: 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): 173. Decision based on Non-MTUS Citation J Orthop Sports Phys Ther. 2014 Feb;44(2):45-57. doi: 10.2519/jospt.2014.5065. Epub 2014 Jan 9. Exercise only, exercise with mechanical traction, or exercise with over-door traction for patients with cervical radiculopathy, with or without consideration of status on a previously described subgrouping rule: a randomized clinical trial. Fritz JM1, Thackeray A, Brennan GP, Childs JD.

Decision rationale: According to the guideline, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. In addition, there is evidence of benefit in those with radiculopathy but the claimant does not have this. As a result, the request for traction is not supported by the literature for the claimant's diagnoses and is not medically necessary.