

Case Number:	CM15-0129584		
Date Assigned:	07/16/2015	Date of Injury:	12/27/2012
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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: North Carolina

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 is a 60-year-old female who sustained an industrial injury on 12/27/2012. There was no mechanism of injury documented. The injured worker was diagnosed with cervical spine sprain/strain, bilateral wrist degenerative changes, mild carpal tunnel with cyst, left second and fourth compartment tenosynovitis, right carpal tunnel syndrome with first compartment tenosynovitis and right index proximal interphalangeal joint volar plate injury. No surgical interventions were documented. Treatment to date has included diagnostic testing, conservative measures, physical therapy and medications. According to the primary treating physician's progress report on May 12, 2015, the injured worker continues to experience headaches rated at 5/10 on the pain scale, neck pain with associated tenderness over the cervical spine area rated at 6-7/10. The injured worker also reported mild bilateral wrist/hand pain rated at 3/10. She also reported gastrointestinal (GI)/gastroesophageal reflux (GERD) and insomnia. Examination of the cervical spine demonstrated decreased range of motion with flexion at 40/50 degrees, extension at 30/60 degrees, right rotation 65/80, left rotation at 50/80 degrees, right lateral bend at 15/45 degrees and left lateral bend at 20/45 degrees. Spurling's test was positive on the right. Motor strength documented weakness in the right deltoid at 4/5 with a slight sensory deficit over the right C5 dermatome. Current medications were not noted. Treatment plan consists of internal medicine evaluation for gastrointestinal (GI)/gastroesophageal reflux disorder (GERD), sleep study, Medrox lotion and the current request for a cervical traction unit for home therapy.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) traction.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on traction: Not recommended using power traction devices, but home based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence based conservative care to achieve functional restoration. As a sole treatment, traction has not proved effective for lasting relief in the treatment of back pain. Per the ACOEM chapter on neck 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. The requested service is a recommended treatment option for the treatment of cervical neck pain/radiculopathy. However, the recommendations are for it to be used in adjunct to a program of evidence based conservative care. The provided documentation does not state this to be the case and therefore the request is not medically necessary.