

Case Number:	CM15-0146632		
Date Assigned:	09/04/2015	Date of Injury:	11/12/2014
Decision Date:	10/06/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/28/2015

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, 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 36-year-old male who sustained an industrial injury on November 12, 2014 resulting in neck and upper back pain with occasional radiation down the left arm, and low back pain. Diagnoses have included Cervical Pain, Cervical degenerative joint disease, thoracic spasm, and Lumbar Facet Syndrome. Documented treatment includes 8 sessions of physical therapy with mild pain relief, 6 sessions of acupuncture with moderate relief, a TENS unit providing mild pain relief, and medication including Ibuprofen, Lorzone and Tizanidine Hcl which is reported, on a pain scale of 1 to 10, to bring him from a 9 to a 7. He did not like the sedating effects of Norco. The injured worker continues to complain of neck, upper and lower back pain and spasms. The treating physician's plan of care includes a home traction unit. Current work status is modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home 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.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination.

Decision rationale: ACOEM Guidelines state that there is no high-grade scientific evidence for the use of cervical traction. A home traction unit is only recommended for mild to moderately severe cervical spine pain syndromes with radiculopathy and/or a herniated nucleus pulposus (HNP). A powered traction device is not recommended, but a home-based patient controlled gravity traction unit may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. In this case, there is no evidence of radicular signs and symptoms or imaging describing an HNP. In addition, no specific functional restoration program is outlined, which is required for the use of home traction units. Therefore, the request is not medically necessary or appropriate.