

Case Number:	CM15-0171886		
Date Assigned:	09/14/2015	Date of Injury:	09/08/2004
Decision Date:	10/19/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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:

This 69 year old woman sustained an industrial injury on 9-8-2004. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 7-9-2015. Diagnoses include myalgia and myositis, headache, acquired trigger finger, carpal tunnel syndrome, degeneration of cervical intervertebral disc, cervicgia, rotator cuff syndrome, shoulder pain, chronic pain syndrome, and depression. Treatment has included oral medications, injection therapy, H-wave therapy, and physical therapy. Physician notes dated 8-20-2015 show complaints of neck pain with associated migraine headaches and right shoulder pain with tightness in the upper back. The worker rates her pain 8 out of 10 without medications and 6 out of 10 with medications. The physical examination shows severe neck pain with resultant headaches, decreased cervical range of motion, decreased right hand sensation, and minimal tenderness to the right shoulder. Recommendations include surgical consultation, pillow wedges, in home traction unit, H-wave therapy, heat, ice, Tramadol, Effexor, Gralise, urine drug screen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

In Home Traction Unit for neck: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck: Traction (mechanical).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, home cervical patient controlled traction for patients with radicular symptoms, in conjunction with a home exercise program may be beneficial. There is documentation that patient is walking and exercising. However, there is no clear signs on exam and history of radicular pain just whole hand numbness. Patient does not have a diagnosis of cervical radiculopathy or supporting electrodiagnostics. Home traction unit is not medically necessary.

Wedge Pillow to support shoulders while sleeping: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Neck, Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck: Pillow.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. There is documentation that patient is walking and exercising. Wedge pillow for neck/shoulders are medically necessary.