

Case Number:	CM15-0174055		
Date Assigned:	09/15/2015	Date of Injury:	09/18/2014
Decision Date:	10/22/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] beneficiary, who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 18, 2014. In a Utilization Review report dated August 15, 2015, the claims administrator failed to approve a cervical traction device. An August 5, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On July 15, 2015, the applicant reported ongoing complaints of neck and shoulder pain. A rather proscriptive 20-pound lifting limitation was imposed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although it did not appear to be the case. On August 4, 2015, the applicant reported ongoing complaints of neck and arm pain. The applicant had apparently declined to pursue surgical intervention. Home exercises and work restrictions were endorsed. The attending provider stated towards the top of the note that the applicant was no longer working with said limitations in place. A traction device was endorsed. The applicant had also received physical therapy and acupuncture, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Saunders cervical traction unit for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: No, the request for a Saunders cervical traction unit was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, traction, i.e., the modality at issue, is deemed "not recommended" in the evaluation and management of applicants with neck and upper back complaints, as were/are present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities such as traction, as a whole, should be employed "sparingly" during the chronic pain phase of the treatment. Here, thus, the request for traction was at odds with both page 181 of the ACOEM Practice Guideline and with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale for provision of this particular device in the face of the unfavorable ACOEM and MTUS positions on the MTUS. Therefore, the request was not medically necessary.