

Case Number:	CM15-0176311		
Date Assigned:	09/17/2015	Date of Injury:	04/08/2013
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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, Florida, 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 injured worker is a female, who sustained an industrial injury on 4-8-2013. The injured worker was diagnosed as having neck strain or sprain, thoracic sprain or strain, left arm radiculopathy. The request for authorization is for: DME: cervical traction unit rental. The UR dated 8-20-2015: non-certified the request for DME cervical traction unit rental. On 3-17-2015, she reported she paid out of pocket for chiropractic care which provided some relief. She indicated she had continued left upper extremity and neck pain. Physical findings noted tightness, and tenderness with ulnar nerve compression symptoms. The provider noted she may need a cervical traction unit or TENS unit in the future. On 5-4-15 she was prescribed TENS unit and cervical traction unit. On 5-4-2015, she reported pain to the neck, arm, and shoulder. She reported for personal reasons she is unable to take medications. Physical findings revealed tenderness and tightness in the trapezius with radiation into the arm, and positive ulnar neuropathy with elbow flexion. The treatment and diagnostic testing to date has included: electrodiagnostic studies (3-4-2014), magnetic resonance arthrogram of the left wrist (4-11-2014), magnetic resonance imaging of the cervical spine (9-18-2014), magnetic resonance imaging left brachial plexus (9-18-14), at least 12 physical therapy sessions, unclear amount of chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction unit rental: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Traction.

Decision rationale: Key points for this review are: this claimant was injured in 2013 with neck strain or sprain, thoracic sprain or strain, and left arm radiculopathy. Physical findings noted tightness, and tenderness with ulnar nerve compression symptoms with radiation into the arm, and positive ulnar neuropathy with elbow flexion. No true cervical radiculopathy is noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG guidelines are supportive of this approach, for the cervical region only, and for very special clinical circumstances. They cite: Recommend home cervical autotraction (patient controlled) devices for patients with radicular symptoms, but not powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. (Aetna, 2004) (Olivero, 2002) (Joghataei, 2004) (Shakoor, 2002) Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation and left rotation. (Zylbergold, 1985) Other studies have concluded there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In this case, however, it is not clear there is true cervical-generated radiculopathy, or what kind of unit is proposed. A source of injury radiculopathy is not noted on imaging that corresponds to a dermatomal distribution of neurologic signs. The request is not medically necessary.