

Case Number:	CM15-0178090		
Date Assigned:	09/18/2015	Date of Injury:	09/29/2009
Decision Date:	10/21/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on September 29, 2009. On June 26, 2015, the injured worker reported persistent neck pain associated with headaches on the right side. He rated his pain level a 4 on a 10-point scale. His pain rating on May 27, 2015 was 5 on a 10-point scale. He completed physical therapy, which did help with strength. The evaluating physician noted that the traction he was using in his therapy helped with pain and with headaches. He reported that tramadol extended relief was helping with his pain and allowed him to be slightly more active. An MRI of the cervical spine on December 3, 2011 was documented as showing minimal multi-level osteophytic spurring at the posterior disc margin with no thecal sac compression, cord compression or foraminal narrowing. On physical examination, the injured worker had musculoskeletal pain, anxiety and headaches. He had tenderness to palpation over the cervical facet joints in the right occipital region. His cervical extension was 35 degrees associated with pain. The injured worker was diagnosed as having cervical degenerative disc disease, neck pain, cervical facetal pain, right occipital neuralgia and cervicogenic headaches. Treatment to date has included pain medications, physical therapy, and home exercise program. A request for authorization for cervical home traction unit for permanent home use was received on August 5, 2015. On August 10, 2015, the Utilization Review physician determined that a cervical home traction unit for permanent home use was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Home Traction Unit for Permanent Home Use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Traction.

Decision rationale: The claimant sustained a work injury in January 2009 and continues to be treated for neck pain and headaches. Treatments included physical therapy with a trial of cervical traction. When seen, traction had helped with pain and headaches. He was requesting a home cervical traction unit. Physical examination findings included cervical spine tenderness with muscle spasms and stiffness. There was cervical facet joint tenderness. There was decreased and painful cervical extension. A home cervical traction unit was requested. Patient controlled home cervical traction using a seated over-the-door device or a supine device can be recommended for patients with radicular symptoms, in conjunction with a home exercise program. In this case, the claimant is not having radicular symptoms and, for this reason, a home cervical traction unit is not medically necessary.