

Case Number:	CM15-0063410		
Date Assigned:	04/09/2015	Date of Injury:	06/30/2011
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/03/2015

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: New York, Tennessee
 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 62 year old woman sustained an industrial injury on 6/30/2011. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 2/23/2015 and left shoulder MRI dated 1/9/2013. Diagnoses include persistent right thigh, groin, and leg pain, neck pain, and left shoulder pain. Treatment has included oral medications and surgical interventions. Physician notes dated 3/6/2015 show complaints of left shoulder, right knee, and neck pain rated 5/10. Recommendations include urine drug screen that was performed during this visit, new opiate agreement signed, Norco, Relafen, Amitriptyline, cervical traction, 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:

Saunders cervical home traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173 - 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

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

Decision rationale: Home patient-controlled cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. Cervical traction should be combined with exercise techniques to treat patients with neck pain and radiculopathy. It is not advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Institutionally based powered traction devices are not recommended. In this case there is no documentation of radicular symptoms or that the patient is participating in a home exercise program. Medical necessity has not been established. The request is not medically necessary.