

Case Number:	CM15-0077658		
Date Assigned:	06/04/2015	Date of Injury:	01/10/2000
Decision Date:	07/02/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/23/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on 02/10/2000. She has reported injury to the neck, right shoulder, and low back. The diagnoses have included low back pain; clinically consistent lumbar radiculopathy; clinically consistent cervical radiculopathy; lumbar facetal pain; cervical facetal pain; myofascial pain; and possibility of right median neuropathy. Treatment to date has included medications, diagnostics, injections, TENS (transcutaneous electrical nerve stimulation) unit, chiropractic therapy, and physical therapy. Medications have included Ultram, Celebrex, Cymbalta, Ambien, and topical compounded cream. A progress report from the treating physician, dated 01/08/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain in the center of the low back and lower thoracic region; the pain is sharp, shooting, and stabbing type, radiating to the medial aspect of the right leg; it is associated with cramps in the bilateral feet, but worse on the right side; she has a TENS unit, but she ran out of TENS unit patches; neck pain is constant and associated with intermittent headaches; burning and stabbing type of neck pain which mostly radiates to the right upper extremity; and this pain is associated with tightness in the cervical region. Objective findings included spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine; antalgic gait noted on the right; tenderness noted at the right posterior superior iliac spine; tenderness in the bilateral lumbar facet joints, worse on the right side; dysesthesia noted to light touch in the right L5 dermatome, more so than S1 dermatome; lumbar spine extension is decreased with increased pain on extension; spasms noted in the cervical paraspinal muscles and stiffness noted in the cervical spine; tenderness noted in the cervical facet joints; dysesthesia noted to light touch in the

right C6 dermatome; Tinel's sign is positive at the right wrist; and trigger points are noted in the cervical paraspinal muscles. The treatment plan has included the request for six cervical traction trial sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six cervical traction trial sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 173-174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints page(s): 173-174.

Decision rationale: The ACOEM chapter on neck complaints states: There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, a biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. The requested service is not recommended per the ACOEM and then only on a trial basis. Therefore, 6 traction sessions are not medically necessary.