

Case Number:	CM15-0097510		
Date Assigned:	05/28/2015	Date of Injury:	10/12/2012
Decision Date:	06/26/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/20/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old male who sustained an industrial injury on 10/12/12. Initial complaints and diagnoses are not available. Treatments to date include medications, chiropractic care which aggravated his symptoms, physical therapy which has improved his symptoms, and a traction unit. Diagnostic studies are not addressed. Current complaints include neck soreness. Current diagnoses include left cervical radiculopathy secondary to C3-4 and C5-6 disc protrusions. In a progress note dated 04/16/15, the treating provider reports the plan of care as medications including naproxen, Norflex, and lisinopril, as well as a home cervical traction unit purchase, and a work hardening program. The requested treatments include a home cervical traction unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home cervical traction unit for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Chapter 8- Neck and Upper Back, Traction, page 173.

Decision rationale: Per ACOEM Treatment Guidelines for the upper back and neck, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per ODG, cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program, not seen here. In addition, there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. There is no MRI showing clear neural foraminal stenosis or nerve impingement and clinical findings has no correlating dermatomal or myotomal neurological deficits identified. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. Treatment plan had recommendation for cervical traction; however, follow-up report had no documented functional improvement from treatment rendered to support for purchase of DME. The Home cervical traction unit for purchase is not medically necessary and appropriate.