

Case Number:	CM14-0146913		
Date Assigned:	09/12/2014	Date of Injury:	01/25/2008
Decision Date:	10/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old female with a reported date of injury on 01/25/2008. The injury reportedly occurred when the injured worker fell backwards off a truck. Her diagnoses were noted to include discogenic cervical condition, occasional headaches, mild impingement of the shoulder on the left, mild carpal tunnel bilaterally, and depression. Her previous treatments were noted to include chiropractic care, physical therapy, and medications. The progress note dated 01/03/2014 revealed complaints of pain, primarily across the low back and into the legs anteriorly with numbness and tingling. The injured worker had difficulty getting up from a seated position and changing positions. In terms of her neck pain and shoulders pain, as well as wrist pain, her symptoms were relatively unchanged. The physical examination revealed tenderness along the lumbar paraspinal muscles bilaterally with decreased range of motion and a negative straight leg raise. The Request for Authorization form was not submitted within the medical records. The request was for durable medical equipment: a cervical traction with air bladder; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Cervical Traction w/ Air Bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Traction

Decision rationale: The request for DME Cervical Traction w/ Air Bladder is not medically necessary. The injured worker has received previous chiropractic treatment. The Official Disability Guidelines recommend home cervical patient controlled traction (using a seated over the door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, and in conjunction with a home exercise program. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe cervical spinal syndromes with radiculopathy. Recent studies have documented good results using traction to treat cervical radiculopathy with traction forces from 20 pounds to 55 pounds (which is more than an over the door unit can provide). Cervical traction should be combined with exercise techniques to treat patients with neck pain and radiculopathy. In comparing the intervertebral separation obtained with supine pneumatic traction (using a Sauder cervical traction device) to a seated traction (using the over the door home traction device), the supine device caused significantly greater separation versus over the door traction. In reviewing the current published evidence, these guidelines concluded that the cervical traction is recommended to treat cervical radiculopathy using greater than 20 pounds intermittent force. There is a lack of documentation regarding previous cervical traction being performed as a trial or clinical findings consistent with cervical radiculopathy to warrant cervical traction.