

<b>Case Number:</b>	CM13-0019366		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	04/10/2007
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Occupational Medicine and is licensed to practice in Montana. 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 has a date of injury of 4/10/07. He has ongoing complaint of cervical pain accompanied occasionally by headaches. The treatment note dated 6/27/13 states that the injured worker was last seen in January 2011 with a diagnosis of discogenic neck pain. His symptoms have continued, resulting in additional treatment recommendations. His diagnosis remains discogenic neck pain. He has been placed on Motrin and Tramadol. The medical records do not indicate any complaint of pain or paresthesia in the upper extremities that might indicate radiculopathy. The primary treating physician has requested a home cervical traction kit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home cervical traction kit:** 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, Treatment in Workers Compensation (TWC), Neck and Upper Back Procedure Summary, updated 05/14/2013

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Traction

**Decision rationale:** The MTUS in the ACOEM guidelines notes that there is no high-grade scientific evidence to support effectiveness or ineffectiveness of passive physical modalities such as traction, heat cold applications, massage, diathermy, pain use laser treatment, ultrasound, TENS unit's or biofeedback. It does state that they may be used on a trial basis with close monitoring and emphasis on functional improvement. The chronic pain management treatment guidelines note that passive modalities can provide short-term relief during the early phases of pain treatment. Active treatment modalities such as exercise are associated with substantially better outcomes. The MTUS in the ACOEM guidelines notes that there is no high-grade scientific evidence to support effectiveness or ineffectiveness of passive physical modalities such as traction, heat cold applications, massage, diathermy, pain use laser treatment, ultrasound, TENS unit's or biofeedback. It does state that they may be used on a trial basis with close monitoring and emphasis on functional improvement. The chronic pain management treatment guidelines note that passive modalities can provide short-term relief during the early phases of pain treatment. Active treatment modalities such as exercise are associated with substantially better outcomes. 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, in conjunction with a home exercise program. Other studies have concluded 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. In general, over-the-door traction at home is limited to providing less than 20 pounds of traction. Cervical traction should be combined with exercise techniques to treat patients with neck pain and radiculopathy. The medical records reveal that this is a chronic cervical pain condition with no documented complaint of radiculopathy. A home exercise program has not been implemented. In this case the request for home cervical traction kit is not medically necessary.