

<b>Case Number:</b>	CM13-0041368		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/03/2009
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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 patient is a 65-year-old female who reported an injury on 10/03/2009. The patient is diagnosed with lumbar myoligamentous injury with moderate-sized disc protrusion and lateral recess and foraminal stenosis, bilateral lower extremity radiculopathy, cervical myoligamentous injury with associated cervicogenic headaches, and reactionary depression with anxiety. The patient was recently seen by [REDACTED] on 11/14/2013. The patient reported 9/10 pain. Physical examination revealed tenderness in the posterior cervical musculature, tenderness in the suboccipital region, decreased cervical range of motion, decreased sensation along the lateral arm and forearm, decreased sensation in the digits of bilateral hands, 1+ reflexes throughout, tenderness in the posterior lumbar musculature and sciatic notch region, tenderness in the lateral subacromial bursa, decreased lumbar range of motion, and decreased motor strength with flexion of the left hip with diminished Achilles tendon reflexes on the left. The patient also demonstrated positive straight leg raising on the left, and decreased sensation along the anterior lateral thigh and medial calf in the L4 distribution. Treatment recommendations included continuation of current medication, a urine drug screen, and authorization for a spinal cord stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Traction:** Upheld

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

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Official Disability Guidelines recommend home cervical patient-controlled traction for patients with radicular symptoms, in conjunction with a home exercise program. The patient does not maintain a diagnosis of cervical radiculopathy. Additionally, there is no evidence of this patient's active participation in a home exercise program to be used in conjunction with a traction unit. There is no mention of the medical rationale for the requested DME with a treatment plan including specific short and long term goals of treatment with the unit. The medical necessity has not been established. Therefore, the request is non-certified.