

<b>Case Number:</b>	CM13-0041528		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/14/1997
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

There is a request for a home cervical traction unit due to the severe spasm and neck pain. On 9/27/13 in a document from the primary treating physician's office, the patient complained of severe neck pain, right shoulder pain, right hand numbness, bilateral hand pain, constant low back pain and increased right knee pain with swelling and headaches/migraines. The patient stated that her neck has become worse. On physical exam, she has tenderness to palpation in the cervical paraspinals and bilateral trapezius with acute spasm. There is a request for a cervical home traction unit. The reason for this unit is to expand the space between the vertebrae, increase joint mobility, stretch muscles and ligaments adjacent to the vertebral bodies. This will help by reducing neck pain as well as her headaches. An additional prior request for this home cervical traction unit stated that patient has tried it and the unit has benefited the patient with reducing her neck pain in the past as well as her headaches. Documentation indicates that on 11/20/06, a cervical MRI elicits a C5-6 left 2mm bulge. This was a suboptimal study secondary to motion artifact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A cervical traction unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 173-175.  
Decision based on Non-MTUS Citation ODG, Neck and Upper back, Cervical traction.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation ODG, Neck and Upper back, Cervical traction.

**Decision rationale:** A cervical traction unit is not medically necessary per MTUS guidelines. The ACOEM states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. The ODG recommends home cervical patient controlled traction (for patients with radicular symptoms) in conjunction with a home exercise program. Documentation submitted does not reveal recent radicular symptoms. Additionally an in-home unit would not allow for proper supervision/monitoring. The request for cervical traction unit is not medically necessary.