

<b>Case Number:</b>	CM13-0048649		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Internal Medicine, 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 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 patient is a 47-year-old male with date of injury on 11/11/2011. The injury occurred while he was working as a firefighter when he hit his head/helmet against a wall. He has had cervical neck pain ever since. He has gone through physical therapy with good relief. However, he continues to have flares of symptoms at times and clearly worsens when he wears heavy equipment performing his duties as a firefighter. He has MRI findings of degenerative discs and some spinal stenosis at C5-C6. It is reported that he has had good benefit with traction in the prone position during physical therapy. He is working full duty but has flares of symptoms and the request is for home cervical traction device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Cervical Traction Device: 6 months use with purchase options:** Overturned

**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 complaints, Traction

**Decision rationale:** ODG neck guidelines address traction specifically and state that 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. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. (Aetna, 2004) (Olivero, 2002) (Joghataei, 2004) (Shakoor, 2002) Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation and left rotation. (Zylbergold, 1985). Given the patient has shown clear benefit during his traction in physical therapy in function and pain scores, it is reasonable to offer a home based unit. As such, medical necessity is met and I am reversing the prior UR decision.