

<b>Case Number:</b>	CM13-0054962		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Neurology, has a subspecialty in Neuromuscular 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 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 51 year old man who sustained a work-related injury on November 26, 2012. He subsequently developed with a chronic neck pain. He was treated to with acupuncture and chiropractic therapy. The MRI of the cervical spine performed on October 25, 2013 was within normal limits. According to the note dated October 1, 2013, the patient was complaining of neck pain. His physical examination demonstrated the cervical tenderness with spasms. The patient was treated with Naprosyn in Prilosec and tramadol. His provider requested authorization for cervical traction unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical traction unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 49, 173-174.

**Decision rationale:** According to Table 3-1 of the ACOEM Guidelines, traction is not medically necessary as a physical treatment method. Furthermore the chapter of Neck and Upper Back Complaints states that there is no high-grade scientific evidence to support the effectiveness or

ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. There is no documentation that the patient is suffering from radicular pain and cervical radiculopathy. Therefore, the request for cervical traction unit is not medically necessary.