

Case Number:	CM13-0059570		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2013
Decision Date:	07/29/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family 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:

55 yr. old female claimant sustained a work related injury on 5/8/13 involving the neck and back. She has a diagnosis of cervical and lumbar strain. An MRI in 7/16/13 indicated she has multilevel generative disc disease as well as cervical stenosis of C6 C7 level. She has used oral analgesics for pain relief, undergone physical therapy, electrical stimulation and has used infrared heat. A progress note on 9/26/13 indicated she had decreased range of motion and a positive Spurling's sign. The treating physician requested a cervical traction unit for the C5-C7 levels is symptom don't improve.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical saunders traction unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-181.

Decision rationale: According to the ACOEM guidelines, there is no evidence to support or refute traction. They may be used on a trial basis with close monitoring. Table 8-8 in the

guidelines state that traction has some evidence but is not recommended. Based on the guidelines, the request for a cervical traction unit is not medically necessary.