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| <b>Case Number:</b>   | CM14-0006638 |                              |            |
| <b>Date Assigned:</b> | 03/03/2014   | <b>Date of Injury:</b>       | 10/13/2012 |
| <b>Decision Date:</b> | 07/02/2014   | <b>UR Denial Date:</b>       | 01/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/17/2014 |

### 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 Occupational 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:

This is a 53-year-old with a October 13, 2012 date of injury. He was moving a patient when he felt neck pain radiating to the posterior occiput, which has been unrelenting. His diagnosis is cervicgia. The patient was seen on January 2, 2014 for persistent radicular neck pain after traction decompressive therapy. The patient reported an improvement in symptoms. Exam findings revealed cervical tenderness and a normal neurologic exam. A physical therapy note dated December 11, 2013 revealed that the patient's neck pain had stopped after three visits. A second opinion progress note dated February 3, 2014 stated that the patient's physical had aggravated his pain. His pain on VAS was 4/10 and he denied any radicular symptoms. The patient has had a total of 6 sessions of cervical decompression and traction and stated his decompression therapy was helpful, however his pain has returned since. He was noted to have no neurological deficits and was able to rotate his neck to 30 degrees until he felt pain. Otherwise there was some mild limited range fop motion. There were no radicular findings on exam. Strength and sensation were intact. An MRI was noted to reveal a C67/ disc/ostetophyte complex with associated foraminal narrowing. With regard to the patient's physical therapy it was noted this included at least seven sessions of cervical decompression, it was noted that the patient was the same or worse on every visit documented. Treatment to date: physical therapy including cervical decompression (November to February 2014), medications. A UR decision dated January 4, 2014 modified the request from eight sessions to four sessions given the patient had improvement with prior traction therapy in order to assess for objective benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **8 SESSIONS OF DECOMPRESSION THERAPY FOR THE CERVICAL SPINE: 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. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Neck and Upper Back Chapter, Traction).

**Decision rationale:** ODG recommends home cervical patient controlled traction for patients with radicular symptoms, in conjunction with a home exercise program. However, CA MTUS states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. In addition, ODG does not recommend powered traction devices. This patient is noted to have already undergone cervical decompression with traction, which the patient stated improved his pain. However, the physical therapy noted the patient remained the same or worse. This request was modified from eight sessions to four in order to assess for further benefit. A progress note dated February 5, 2014 stated the patient no longer had radicular symptoms. He had mild limited range of motion of the cervical spine. As the patient had no more radicular symptoms, and his physical therapy findings which included cervical decompression and traction were not consistent with improvement, and the fact that the patient has already had at least seven sessions approved, there is no compelling evidence to give the patient more than four sessions which the UR decision has done in order to assess for benefit. The request for eight sessions of decompression therapy for the cervical spine is not medically necessary or appropriate.