

<b>Case Number:</b>	CM14-0103018		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 03/31/11. He was seen by the requesting provider on 12/17/13. There had been improvement after an epidural injection on 11/12/13. He was having ongoing intermittent pain flare-ups of neck and left shoulder pain rated at 6/10. He had not returned to work. Physical examination findings included bilateral cervical paraspinal and upper trapezius muscle tenderness with muscle spasms and trigger points. There was left shoulder tenderness. He had decreased cervical spine and left shoulder range of motion. Authorization for a Saunders home cervical spine traction unit was requested. He was maintained out of work. He was seen on 03/12/14 with ongoing flare-ups of neck pain. His symptoms had returned after the cervical epidural steroid injection in November of 2013. He was compliant with home cervical traction. Neck pain was rated at 5 out of 10 and left shoulder pain at 6-7 out of 10. He was having difficulty sleeping. Physical examination findings included cervical paraspinal and bilateral upper trapezius muscle tenderness with decreased and painful cervical spine range of motion. There was left shoulder and posterior scapular muscle tenderness with trigger points. He had decreased left shoulder range of motion with pain and negative impingement testing. Recommendations included a second epidural injection. Norco was refilled. On 05/29/14 he was noted to have undergone a second epidural injection on 04/29/14 with 50% improvement. He had used a pneumatic cervical traction unit for four months, reporting it as beneficial in reducing neck pain and stiffness. Authorization to purchase the unit was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic Home Traction Unit for Purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute online, Official Disability Guidelines Treatment in Workers' Comp, Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic), Traction

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Traction

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic neck pain with radicular symptoms. He has ongoing flare-ups of neck pain and had used a pneumatic cervical traction unit for four months reporting it as beneficial in reducing neck pain and stiffness. Guidelines address the role of cervical traction in the treatment of chronic neck pain. Traction is a self-managed treatment modality. Patient-controlled home cervical traction can be recommended for patients with radicular symptoms, in conjunction with a home exercise program. Pneumatic cervical traction devices are approved as a form of traction, and, although the cost is more than an over-the-door unit, they are easier to use and may be a suitable option for home cervical traction. In this case, the claimant is being treated for chronic neck pain with radicular symptoms, with treatments including two cervical epidural steroid injections with benefit. Therefore, the requested purchase of a pneumatic home traction unit is medically necessary.