

<b>Case Number:</b>	CM14-0105025		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 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 case of a 52-year-old female with a date of injury of 06/14/11. The mechanism of injury was not documented. 05/12/14 Progress report stated the patient was on medications. The patient is not attending therapy and complains of neck and low back pain radiating to both shoulder and both legs respectively. The patient has neurologic impairment and a trial home cervical traction was used. No documentation on the pain improvement with the use of the traction unit. 04/14/14 Progress report indicates the patient was not undergoing physical therapy. She still complains of both neck and low back pain radiating to the shoulders and both legs respectively. There was numbness and tingling of the big toe. On physical examination, there was tenderness over the posterior superior iliac spines bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Cervical Traction unit (rental or purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Pages 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Neck and Upper Back Chapter

**Decision rationale:** Medical necessity is not established for home cervical traction unit. CA MTUS/ACOEM guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. ODG recommends home cervical traction for patients with radicular symptoms and those participating in a home exercise program. The patient was given a trial use of the cervical traction unit but failed to show improvement based on pain scores or functional enhancement. Since no physical improvement was noted, therefore recommend non-certification.

**TENS Unit (30 days) (neck, low back):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 Page(s): 114-116.

**Decision rationale:** Regarding to the TENS unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The treating provider did document that the patient refused physical therapy therefore all conservative treatment options were not exhausted. There were no clear treatment goals for the use of the TENS unit which is needed to certify its use. It is not entirely clear if this is a request for a TENS unit trial, and if this treatment modality has been attempted in the past. Therefore recommend non-certification.