

<b>Case Number:</b>	CM14-0161902		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	11/09/1994
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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:

The applicant is a represented [REDACTED] who has filed a claim for chronic neck pain and myofascial pain syndrome reportedly associated with an industrial injury of November 9, 1994. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and earlier provision with a cervical traction unit. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for a cervical traction unit, invoking non-MTUS ODG Guidelines exclusively, despite the fact that the MTUS did address the topic. The claims administrator stated that the applicant had previously received a traction unit some 12 years prior, which is no longer working. The applicant's attorney subsequently appealed. In a September 18, 2014 progress note, the applicant reported persistent complaints of neck and shoulder pain following completion of eight recent sessions of manipulative therapy. Additional chiropractic manipulative therapy was sought. In an August 15, 2014 progress note, the applicant reported 4-7/10 neck pain. The applicant was working as a dietician for the [REDACTED], it was stated. Replacement traction device was sought. The applicant was returned to regular duty work. It was stated that previous usage of the traction device had proven favorable here in terms of improving the applicant's range of motion, facilitating mobility, and maintaining an appropriate level of function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic cervical traction unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, pages 173-174 notes that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of traction, ACOEM qualifies its tepid-to-unfavorable position by noting that traction may be used on a trial basis but should be "monitored closely," with emphasis on functional restoration and return of the applicants to activities of normal daily living. In this case, earlier usage of the traction device has proven successful. The applicant has achieved and/or maintained successful return to work status with the same. The applicant is working on a full-time basis at [REDACTED] [REDACTED]), it was stated on several occasions, referenced above. Previous usage of a traction device has facilitated favorable functional outcomes and appropriate improvements in mobility. The applicant's previously provided traction device has apparently worn out with age. Provision of a replacement device is therefore indicated. Accordingly, the request is medically necessary.