

<b>Case Number:</b>	CM14-0169913		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Pain Management 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 injured worker is a 33 years old female with a date of injury on 11/22/2013. Per 5/2/2014 records the injured worker sustained injuries when a student threw a book at her from behind while she was squatting and struck her in her left trapezius area near her back. She presented near constant ache/tightness in the left trapezius. She also noted lower neck region occasional shooting pain in the mid scapula area, tingling from left shoulder to elbow. Objectively, spasms were noted over the left trapezius and levator scapula, scalene, C3-7 muscles. There was a slight reduced neck motion with left C6-7 and trapezius pain. Most recent records dated 8/8/2014 notes that she reported that conservative therapy did not prove helpful. Then she was subsequently seen by a specialist who diagnosed her with myofascial pain syndrome. She also indicated that chiropractic care has been helpful but she was left with some residual pain which was still significant. A magnetic resonance imaging (MRI) scan of the shoulder dated 12/23/2013 noted unremarkable results. X-rays of the shoulder dated 11/22/2013 noted slight downward angulation of the acromion and otherwise unremarkable. A magnetic resonance imaging (MRI) scan of the cervical spine dated 8/5/2014 noted nonspecific straightening of the spine which can be associated with muscle spasm, otherwise, no significant disc osteophyte complex, spinal stenosis, or neural foraminal narrowing. Shoulder examination noted trigger points over the left trapezius muscle. Cervical spine noted loss of cervical lordosis, paraspinal muscle spasm and left-sided paravertebral trigger point noted over the upper cervical region. She is diagnosed with (a) myalgia, (b) muscle spasms, (c) limb pain, and (d) cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 Months of Rental of Saunders Cervical Traction: 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), Neck and Upper: Traction

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction

**Decision rationale:** Reference guidelines point out that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/ cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Other guidelines indicate limited recommendation regarding home cervical injured worker controlled traction for injured workers with radicular symptoms in conjunction with a home exercise program. In this case, the injured worker is diagnosed with cervical radiculopathy however objective findings do not confirm radicular symptoms. Based on limited support regarding cervical traction and there is no evidence of radiculopathy based on physical examination findings, the medical necessity of the requested 3 months of rental of Saunders cervical traction is not established.