

<b>Case Number:</b>	CM14-0021677		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 60-year-old female patient with a 6/25/12 date of injury. The doctor's first report of occupational injury or illness dated 1/13/14 indicates persistent and neck pain radiating to the left shoulder and persistent low back pain. Objective findings include limited cervical and lumbar range of motion, limited grip strength. The progress report dated 1/30/14 indicates persistent neck pain and left arm pain. Treatment to date has included left shoulder injection, cervical epidural steroid injection, physical therapy, cervical pillow. There is documentation of a previous 1/31/14 adverse determination for lack of guidelines support for powered traction devices.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PRONEX PNEUMATIC PORTABLE CERVICAL TRACTION DEVICE QUANTITY**

**ONE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

**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), Neck and Upper Back Chapter, Traction.

**Decision rationale:** The Official Disability Guidelines (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. Therefore, the request for a pronex pneumatic portable cervical traction device quantity one was not medically necessary.