

<b>Case Number:</b>	CM14-0022835		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 & Rehabilitation 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 70-year-old female who reported an injury on 11/05/2012. The mechanism of injury was repetitive cumulative stress. The diagnoses included Cervicalgia, advanced cervical spondylosis, degenerative disc disease, foraminal stenosis, lumbar spondylosis, lumbar radiculopathy, bilateral carpal tunnel syndrome, and status post left carpal tunnel syndrome release. Previous treatments included acupuncture, physical therapy, epidural steroid injections, surgery, MRI, and CT. Within the clinical note dated 01/22/2014, upon the physical examination, it was reported the injured worker complained of cracking in her neck. She complained of radiating pain down her right buttock to her thigh, not past her knee, bilateral arm pain, and persistent numbness or tingling in the bilateral 4th toe only. She rated her pain 5/10 to 7/10 in her neck, 7/10 in her back, 6/10 in her right leg, and 8/10 to 9/10 in her left leg in severity. Within the physical examination, the provider noted midline tenderness to palpation of the cervical spine. The provider also indicated the injured worker had midline tenderness to palpation of the lumbar spine. Cervical range of motion was limited in rotation to 60 degrees. The provider indicated the injured worker had a negative Spurling's maneuver. The provider requested a DME purchase of a Saunders cervical traction unit. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Purchase of Saunders Cervical Traction Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** The request for DME: Purchase of Saunders Cervical Traction Unit is not medically necessary. The injured worker complained of cracking in her neck. She reported radiating pain down her right buttock and thigh, not past her knee. She complained of persistent numbness or tingling of her bilateral 4th toe only. She rated her pain in her neck at 5/10 to 7/10 in severity. The California MTUS/ACOEM Guidelines do not recommend the utilization of traction. There is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. There is a lack of significant objective findings indicating the medical necessity for the use of traction. Additionally, the guidelines do not recommend the utilization of traction in the cervical spine. Therefore, the request is not medically necessary.