

<b>Case Number:</b>	CM14-0038490		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 9, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy and physical therapy; unspecified amounts of psychological counseling; and consultation with a neurosurgeon, who apparently declined to intervene operatively. In a Utilization Review Report dated March 19, 2014, the claims administrator denied a cervical collar and a cervical traction unit. The claims administrator cited a variety of MTUS and non-MTUS guidelines in its denial. The applicant's attorney subsequently appealed. On March 10, 2014, the applicant's treating provider ordered a cervical traction device and cervical collar device, along with additional physical therapy. It was acknowledged that the applicant was not working and had persistent complaints of neck and shoulder pain. It was stated that the applicant was not a surgical candidate, given her relative paucity of findings on cervical MRI (magnetic resonance imaging) of January 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical traction unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), an evidence based reference for work comp injuries.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines, traction is deemed "not recommended." While the ACOEM guidelines do qualify this unfavorable recommendation by stating that traction and other passive modalities could be used on a trial basis but should be monitored closely, with emphasis on functional restoration and return of the applicant to activities of normal daily living. In this case, however, the attending provider sought authorization for the traction unit without evidence of any intervening trial of the same. There is no mention of the applicant having embarked on a trial rental of traction before a request to purchase the device was made. Therefore, the request is not medically necessary.

**Ridged cervical collar purchase:** Upheld

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines, cervical collars are deemed "not recommended" for more than one to two days of usage as protracted usage of cervical collars can result in debility and disuse. In this case, the attending provider did not proffer any compelling applicant-specific rationale, narrative, or medical commentary which would offset the unfavorable the ACOEM guidelines recommendation. Therefore, the request is not medically necessary.