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| <b>Case Number:</b>   | CM14-0041243 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 10/01/2013 |
| <b>Decision Date:</b> | 07/18/2014   | <b>UR Denial Date:</b>       | 03/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/14/2014 |

### 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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee sustained a motor-vehicle accident injury less than a year ago in October 2013. He has been diagnosed with cervical spine strain, spondylosis, and decreased disc height in C5-C6. Additionally, he has Post-Concussion Syndrome, and a history of closed head trauma as a result of the incident. The employee has experienced neck pain on a daily basis since the incident. In addition, he has vertigo, memory problems, ringing in the ears, loss of balance, sleep difficulties, and headaches. He pain is being managed with Norco 2.5 mg, twice per day. He had decreased range of motion and decreased sensation in the cervical spine. He has had some functional improvement with chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical home traction unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK Page(s): 173-174, 181.

**Decision rationale:** The MTUS ACOEM guidelines state there is no high-grade scientific evidence to support effectiveness of cervical traction, and it is not one of the recommended

treatment modalities under the physical treatment methods. It states that traction may be used on a trial basis but needs close monitoring with an emphasis on function restoration. A home unit does not provide for close monitoring. Therefore, a cervical home traction unit is not medically necessary.