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| <b>Case Number:</b>   | CM14-0045425 |                              |            |
| <b>Date Assigned:</b> | 04/16/2014   | <b>Date of Injury:</b>       | 01/15/2004 |
| <b>Decision Date:</b> | 06/30/2014   | <b>UR Denial Date:</b>       | 03/14/2014 |
| <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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 59 year old female with a reported date of injury on 01/15/2004. The MRI performed on 12/18/2013 revealed multilevel degenerative disease of the cervical spine. According to the clinical note dated 03/07/2014 the patient complained of mild to moderate neck pain. The patient's range of motion to the cervical spine demonstrated flexion, and extension and lateral rotation were normal. Deep tendon reflexes were normal bilaterally. Diagnoses included myofascial pain, cervical spine degenerative joint disease and thoracic spine degenerative joint disease. Medication regimen included Arthrotec, Klonopin and Zanaflex. The request for authorization was not provided with the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME CERVICAL TRACTION UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: PASSIVE PHYSICAL MODALITIES, MTUS/ACOEM,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), NECK AND UPPER BACK COMPLAINTS, 173

**Decision rationale:** The MTUS/ACOEM Guidelines states traction is not recommended for acute regional neck pain as 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 documentation of signs and symptoms of radicular pain. The information provided for review lacks documentation of functional deficits and the goals for utilizing the cervical traction unit. Additionally, the guidelines note there is no vidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Therefore, the request for home cervical traction unit is not medically necessary and appropriate.