

<b>Case Number:</b>	CM14-0073981		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 and 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 53-year-old male, who reported injuries due to a gas explosion on 08/01/2012. On 04/09/2014, his diagnoses included concussion secondary to gas explosion, cervical sprain with myofascial pain syndrome, lower back strain with myofascial pain syndrome, vertigo secondary to head injury and cervical injury, and double vision secondary to head injury. He had completed 6 sessions of physical therapy with some improved range of motion to the cervical spine. Additional physical therapy was ordered along with a home cervical traction unit. The rationale for the cervical traction unit was to restore safe and healthy movement in a situation of nerve irritation and joint pain. It was noted to be cost effective and to promote function. It was intended to reduce pressure at the joint lines by stretching the joints. A Request for Authorization, dated 04/25/2014, was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Cervical Traction Unit Purchase Quantity One:** 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) Neck and Upper Back (updated 04/14/14), Traction

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The request for [REDACTED] Home Cervical Traction Unit Purchase Quantity One is not medically necessary. The California ACOEM Guidelines suggest that there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities, such as traction, heat/cold applications, massage, diathermy, or cutaneous laser treatment. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. There was no documentation submitted that this worker had ever used a cervical traction unit on a trial basis with quantified improved functional abilities to warrant the purchase of such a unit. The need for a cervical traction unit to be purchased was not clearly demonstrated in the submitted documentation. Therefore, this request for [REDACTED] Home Cervical Traction Unit Purchase Quantity One is not medically necessary.