

Case Number:	CM14-0077644		
Date Assigned:	07/18/2014	Date of Injury:	02/08/2013
Decision Date:	09/16/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 Pain Management 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 patient is a 39-year-old male with a date of injury of 02/08/2012. The listed diagnoses per the treating physician are cervical spine disk rupture, lumbar spine disk bulge. According to progress, report 05/06/2014, the patient presents with pain to the neck and low back. Physical examination reported right lower extremity, mid to anterior thigh, mid to lateral ankle, and lateral calf sensation were intact. Report 02/18/2014 indicates the patient has neck and low back pain with no numbness or tingling. Examination again revealed right lower extremity, mid to anterior thigh, mid to lateral ankle, and lateral calf sensation were intact. This is the extent of the physical examinations. The treating physician is requesting a 60-day rental of a cervical traction unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Day Rental of Cervical Traction Unit (05/15/2014 - 06/29/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 11th Edition, Neck & Upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-twc guidelines has the following regarding cervical traction units:(<http://www.odg-twc.com/odgtwc/neck.htm>)Recommend home cervical autotraction (patient controlled) devices

for patients with radicular symptoms, but not powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. (Aetna, 2004) (Olivero, 2002) (Joghataei, 2004) (Shakoor, 2002) Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation and left rotation. (Zylbergold, 1985) Other studies have concluded there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999) (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999) (Browder, 2004) For decades, cervical traction has been applied widely for pain relief of neck muscle spasm or nerve root compression. It is a technique in which a force is applied to a part of the body to reduce paravertebral muscle spasms by stretching soft tissues, and in certain circumstances separating facet joint surfaces or bony structures. Cervical traction is administered by various techniques ranging from supine mechanical motorized cervical traction to seated cervical traction using an over-the-door pulley support with attached weights. Duration of cervical traction can range from a few minutes to 30 min, once or twice weekly to several times per day. In general, over-the-door traction at home is limited to providing less than 20 pounds of traction. Note: Powered traction devices, such as VAX-D, DRX and Lordex, are considered a form of traction. See also the Low Back Chapter, where Traction is Not recommended.

Decision rationale: This patient presents with complaints of pain to the neck and low back. The treating physician is requesting 60-day rental of cervical traction unit. ACOEM guidelines page 173 on C-spine traction states, There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists traction under Not Recommended section for summary of recommendations and evidence table 8-8. ODG guidelines do support patient controlled traction units for radicular symptoms. This patient, however, does not present with radicular symptoms and no MRI reports are provided showing HNP or stenosis. There is no description of what kind of traction unit is being requested. Given the lack of support from the guidelines, recommendation is for denial.