

<b>Case Number:</b>	CM14-0086962		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/16/2008
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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, has a subspecialty in Interventional Spine 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 56-year-old female with date of injury of 11/16/2008. The listed diagnoses per [REDACTED] from 05/03/2014 are: 1. Chronic impingement of the shoulder. 2. Cervical spondylosis and radiculopathy. 3. MRI C-spine, April 2009, degenerative disks at C2-C5 and C5-C6. According to this handwritten report, the patient complains of hand numbness and tingling. The patient has been taking Neurontin 300 mg for some time. The objective findings show the left shoulder range of motion is slightly decreased, internal rotation is 65/90 degrees. The rest of the handwritten report is illegible. The utilization review denied the request on 05/22/2014.

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

**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 autotractor (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 spin

**Decision rationale:** This patient presents with hand numbness and tingling. The treater is requesting a home cervical traction unit. The 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. Page 181 of ACOEM lists traction under the "Not Recommended" section. ODG also states that it recommends home cervical autotraction (patient controlled) devices for patients with radicular symptoms, but not powered traction devices. The 34 pages of records do not discuss radicular symptoms or neck symptoms. There is no cervical spine examination. Recommendation is for denial.