

<b>Case Number:</b>	CM14-0087354		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/27/2014
<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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 29-year old male who had sustained an industrial injury on 08/28/12. The mechanism of injury was injury to back while pulling a cart to a trailer on the shipping dock. He felt pain in his back and was diagnosed with lumbar and thoracic sprain. He was seen by the treating provider on 12/2/13. His symptoms included back pain, back spasms, numbness in left leg and on examination he was found to have moderate tenderness to palpation and spasm over the cervical paraspinal muscles. He also had facet tenderness in cervical spine. His range of motion of neck was limited without any abnormality in muscle strength or deep tendon reflexes. The diagnoses included cervical disc disease, cervical facet syndrome, lumbar disc disease and lumbar radiculopathy. His pain was thought to be primarily facet in nature in his neck. He was noted to have a small disc herniation and moderate spondylosis in the cervical spine. He also had moderate to severe low back pain, spasms and radiating symptoms to the bilateral lower extremities, primarily in the left in the distribution of L4 and L5. He was seen by the treating Chiropractor on 04/08/14. He was complaining of low back pain. He also had neck pain and headaches. Lumbar epidural injections had been denied. Pertinent objective findings included lumbar spine tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base bilaterally. Examination also revealed 3+ pain over spinous processes of lumbar and sacral spine. Kemp's test was positive and SLR was positive. The diagnosis included lumbar spine disc bulge with radiculitis. The request was for an over the door cervical traction unit for neck pain. His other treatments included chiropractic treatments, physical therapy, acupuncture, Motrin and Flexeril. His MRI of the cervical spine done on 08/27/13 revealed broad based disc protrusions at C4-C5 and C5-C6 which mildly impressed on the thecal sac and broad based disc protrusion at C6-C7 that moderately impressed on the thecal sac.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Over-The-Door Cervical Traction Unit Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Cervical traction.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back disorders, Traction.

**Decision rationale:** The employee sustained a work related injury to the lower back and upper back. His diagnoses included cervical disc disease, cervical facet syndrome, lumbar radiculopathy and lumbar disc disease. He was being treated with chiropractic therapy, physical therapy and medications. An MRI done in 2013 showed disc protrusions without nerve root impingement. EMG/NCV study done of the upper extremities in October 2013 was reportedly normal. According to MTUS/ACOEM guidelines, there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. According to Official disability guidelines, home cervical traction device is recommended for patients with radicular symptoms, in conjunction with a home exercise program. Since the employee had no documented symptoms or signs of radiculopathy, the over-the-door cervical traction unit is not medically necessary or appropriate.