

<b>Case Number:</b>	CM13-0058794		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old female, who sustained an industrial injury on 11/30/2012. She was diagnosed as having degenerative cervical intervertebral disc, neck sprain and strain and carpal tunnel syndrome. Treatment to date has included EMG (electromyography)/NCV (nerve conduction studies), magnetic resonance imaging (MRI), modified work and medications. Per the Primary Treating Physician's Progress Report dated 11/04/2013, the injured worker reported neck pain with an average of 5-6/10 but increased during times of exacerbation. She also reported constant bilateral forearm, wrist and hand pain with tingling and numbness. Physical examination revealed a positive Spurling's test. There was positive Phalen's and Tinel's of the wrist. Palpation of scalenes increases arm paresthesias. The plan of care included a 30 day trial of cervical traction and appeal request for chiropractic care. Authorization was requested for 30 days of Saunders cervical traction for the management of chronic cervical spine injury. On appeal letter dated November 12, 2013 indicates that the patient has failed conservative treatment, and chiropractic care has been denied. The patient has positive cervical compression tests and cervical distraction decreased the patient's neck pain. There is decreased sensation to light touch in the forearm and hand. Therefore, a 30-day trial of a home traction unit is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 day home trial of Saunders Cervical Traction:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Traction.

**Decision rationale:** Regarding the request for cervical traction unit, Occupational Medicine Practice Guidelines state that there is no high-grade scientific evidence to support the use of traction. They go on to state the traction is not recommended. They state that these palliative tools may be used on a trial basis that should be monitored closely. ODG states that home cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. They go on to state that powered traction devices are not recommended. Guidelines go on to state that the duration of cervical traction can range from a few minutes to 30 minutes, once or twice weekly to several times per day. Additionally, they do not recommend continuing the use of these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Within the documentation available for review, there is no indication that the patient has undergone a trial of cervical traction. The patient is noted to have undergone conservative treatment and had additional conservative treatment denied. The current request for traction is for a trial period, as recommended by guidelines, to allow time to determine if the device improves pain and function. Additionally, the patient has radiculopathy supported by physical findings and MRI findings. As such, the currently requested saunders cervical traction 30-day is medically necessary.