

<b>Case Number:</b>	CM14-0188208		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	10/08/2002
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 sustained a work related injury on October 8, 2002, lifting bags from the floor, resulting in a popping sensation and pain in the stomach. The injured worker was noted to subsequently experience pain in the neck, shoulders, and back. An initial orthopedic consultation dated June 24, 2014, noted the injured worker's report of almost constant pain in the neck, upper back, and shoulders, with the diagnoses of residuals of myofascial, cervical, bilateral shoulders, and lumbar spine sprain/strain, and mild right carpal tunnel syndrome. A MRI of the left shoulder on July 22, 2014, was noted to show supraspinatus tendinosis without other significant findings noted. The injured worker underwent nerve conduction studies of the upper and lower extremities on July 23, 2014, noted to be within normal limits, with no evidence of peripheral neuropathy. The injured worker's conservative treatments are reported to include physical therapy, acupuncture, chiropractic therapy, heat, bracing, injections into the right shoulder, and pain medications. A neurosurgical consultation dated September 25, 2014, noted the injured worker with ongoing neck and bilateral arm pain. The Physician noted a MRI taken that day of the cervical spine, demonstrated multilevel degenerative changes and small disc bulges with disc desiccation, without significant central or foraminal stenosis or impingement. The MRI report was not included in the submitted documentation. The Physician's impression was noted to be neck and arm pain related to C5-C6 radiculopathies, with request for authorization of a cervical traction system. On October 10, 2014, Utilization Review evaluated the request for a cervical traction system, citing MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 8. The UR Physician noted the injured worker had been through therapy without improvement, that generally traction is tried in therapy, but without documentation of improvement there would be no indication to provide a cervical traction system. The UR Physician noted this was not consistent with ACOEM guidelines as cited and

therefore would be recommended for non-certification. The decision was subsequently appealed to Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical Traction System:** 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 rationale:** The California MTUS guidelines indicate there is no high grade scientific evidence to support the effectiveness of passive physical modalities such as traction. It may be used on a trial basis. The documentation does not indicate any benefit from use of passive modalities in physical therapy. The rehab should focus on functional restoration with an active exercise program and return of patients to activities of normal daily living. In light of the above the request for a cervical traction system is not supported by guidelines and its medical necessity is not established.