

<b>Case Number:</b>	CM14-0188674		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/30/2014
<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 Family Medicine and is licensed to practice in New Jersey and New York. 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 is a 60 year-old male who was injured on 7/22/14 due to cumulative trauma to his neck. He complains of neck pain. On exam, he had a normal gait, posterior cervical and trapezius tenderness, spasms, normal cervical range of motion, normal strength and sensation of upper extremities. A 7/2014 magnetic resonance imaging (MRI) showed cervical disc bulges, central stenosis, foraminal stenosis. He was diagnosed with left cervical radiculopathy, cervicgia, cervical disc degeneration, and cervical spinal stenosis. He had six chiropractic therapy sessions, physical therapy, and TENS unit with improvement in symptoms. His medications included anti-inflammatories and opioids. The current request is for cervical traction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Traction Equipment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**Decision rationale:** The request for cervical traction is considered not medically necessary. According to California Medical Treatment Utilization Schedule (MTUS), there is not enough evidence of the effectiveness of passive physical modalities such as traction. The patient already went through physical therapy and chiropractic care and other conservative measures with improvement in symptoms. The patient's pain was described as minimal and intermittent with just tenderness of paraspinal muscles. Therefore, cervical traction is considered not medically necessary.