

Case Number:	CM14-0189254		
Date Assigned:	11/17/2014	Date of Injury:	01/20/2011
Decision Date:	01/07/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 62 year old female with date of injury of 1/20/2011. A review of the medical records indicate that the patient is undergoing treatment for cervicalgia. Subjective complaints include continued pain in her neck and upper back. Objective findings include limited range of motion of the cervical spine with tenderness to palpation of the paraspinals; reduced grip strength on the right; disc desiccation at C5-6; facet hypertrophy at C4-5; narrowing of foramina at C7-T1. Treatment has included Soma, Motrin, and Naprosyn. The utilization review dated 10/23/2014 non-certified cervical traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Traction x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines Cervical Thoracic Spine Disorders; Clinical Measures; Allied Health Interventions, Traction- Electronically cited

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Traction

Decision rationale: ODG states, "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based 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 spinal syndromes with radiculopathy. (Aetna, 2004) (Olivero, 2002) (Joghataei, 2004) (Shakoor, 2002) Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation and left rotation. (Zylbergold, 1985) Other studies have concluded there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999) (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999) (Browder, 2004) This Cochrane review found no evidence from RCTs with a low potential for bias that clearly supports or refutes the use of either continuous or intermittent traction for neck disorders. (Graham, 2008) The Pronex and Saunders home cervical traction devices are approved for marketing as a form of traction. Although the cost for Pronex or Saunders is more than an over-the-door unit, they are easier to use and less likely to cause aggravation to the TMJ. Therefore, these devices may be an option for home cervical traction. (Washington, 2002) For decades, cervical traction has been applied widely for pain relief of neck muscle spasm or nerve root compression. It is a technique in which a force is applied to a part of the body to reduce paravertebral muscle spasms by stretching soft tissues, and in certain circumstances separating facet joint surfaces or bony structures. Cervical traction is administered by various techniques ranging from supine mechanical motorized cervical traction to seated cervical traction using an over-the-door pulley support with attached weights. Duration of cervical traction can range from a few minutes to 30 min, once or twice weekly to several times per day. In general, over-the-door traction at home is limited to providing less than 20 pounds of traction". The treating physician does not document radicular or neurologic deficits in the upper extremities to justify traction at this time. As such the request for Cervical Traction is not medically necessary.