

<b>Case Number:</b>	CM14-0193224		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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. 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

### 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 45-year-old female, with a reported date of injury of 06/22/2006. The diagnoses include cervical osteoarthritis with radiculopathy, and cervical radiculitis. Treatments to date included an electromyography. The progress report dated 11/03/2014 indicates that the injured worker still had neck pain and that her hand felt like it was asleep. The objective findings indicate decreased sensation in the C5-6 distribution, and limited range of motion. The treating physician requested a home traction device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Home Traction Device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical).

**Decision rationale:** The patient presents with neck pain. The request is for DME: HOME TRACTION DEVICE. Physical examination to the cervical spine on 11/03/14 revealed decreased sensation in the C5-6 distribution. Range of motion was limited by 20%. EMG results (date unspecified) showed acute C-5 radiculopathy. Patient's treatments have included medications and acupuncture, and physical therapy. Per 11/03/14 progress report, patient's diagnosis includes long standing cervical osteoarthritis with radiculopathy, with acute exacerbation therefore secondary to slip and fall of 7/30/14 and, cervical radiculitis. Patient's medication, per 11/03/14 progress report includes Ibuprofen. Patient's work status is modified duties. MTUS is silent on home traction devices. Therefore ACOEM and ODG were referenced. ACOEM guidelines page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical) 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)" In this case, only one progress report was provided. The patient presents with neck pain and is diagnosed with cervical radiculopathy. Per 11/03/14 progress report, EMG test results showed acute C-5 radiculopathy. Given the patient's symptoms and diagnosis, a trial of a cervical traction device would be indicated per ODG, although it is not supported by ACOEM. However, the request does not specify the type of home traction unit. Mechanical or powered devices are not recommended per ODG. Given the lack of clarity as what type of traction device is being asked for, the request is not medically necessary.