

<b>Case Number:</b>	CM14-0206615		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

Based on 10/29/14 progress report, the patient complains of pain in neck, right shoulder, right upper extremity, low back, and bilateral knees. The pain occurs intermittently throughout the day and is rated at 10/10. He also experiences tingling and numbness in low back and bilateral legs occasionally. Prolonged sitting, walking and standing aggravate the lower back and lower extremity pain. Patient admits having sleep issues and elements of depression. He has gained 50 pounds since the injury. Physical examination reveals neck flexion and extension at 25 degrees, right upper extremity lateral abduction at 120 degrees, lumbar flexion at 45 degrees and extension at 15 degrees. The right lower extremity extends to 180 degrees and flexes to 120 degrees. Left lower extremity extends to 175 degrees and flexes to 120 degrees. The patient is taking Tramadol to manage the pain and Flexeril to reduce the muscle spasms in the lower back, as per the same progress report. The patient is also taking Naproxen, Protonix, Effexor, LidoPro lotion, and Trazodone. He also uses ice and hot packs for pain relief. The patient is not working right now and receiving social security disability, as per progress report dated 10/29/14. MRI of the Lumbar Spine (no date provided), as per progress report dated 10/29/14:- Extruded disc at L4-5- Disc bulges at L3-4 and L4-5- Facet changes at L3-4, L4-5 and L5-S1MRI of the Cervical Spine, 2012, as per progress report dated 10/29/14: Disc disease at C5-6 and C6-7 with herniation.MRI of the Left Knee, 2008, as per progress report dated 10/29/14: ACL abnormalityMRI of the Right Shoulder (no date provided), as per progress report dated 10/29/14: Partial rotator cuff tearDiagnoses, 10/29/14:- Discogenic lumbar condition with disc disease and extrusion at L4-5.- Discogenic cervical condition- Internal derangement of the knee on the left- Impingement syndrome of the right shoulder- Chronic pain syndromeThe treater is requesting for DME CERVICAL TRACITON WITH AIR BLADDER. The utilization review determination

being challenged is dated 11/11/14. Only one treatment report dated 10/29/14 was provided for review.

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

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

#### **DME Cervical Traction with Air Bladder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cervical Spine: Traction

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173 and 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Traction (mechanical)'

**Decision rationale:** The patient presents with pain in neck, right shoulder, right upper extremity, low back, and bilateral knees, as per progress report dated 10/29/14. The request is for DME Cervical Traction with Air Bladder. The pain occurs intermittently throughout the day and is rated at 10/10. He also experiences tingling and numbness in low back and bilateral legs occasionally, as per the same progress report. MTUS does not provide guidance on home traction devices, so ACOEM was referenced. ACOEM, under Neck and Upper Back chapter and pages 173 and 181, does not recommend traction for the cervical spine, due to a lack of evidence either in support or opposition of traction. ODG, Chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Traction (mechanical)' does provide evidenced based support of patient controlled home traction devices "using a seated over-the-door device or a supine device for patients with radicular symptoms...when used in conjunction with a home exercise program." Only one progress report has been provided for review. The treating physician requests for cervical traction with air bladder. "They are for the purpose of providing comfort to his condition," he says. In this case, there is no clear diagnosis of cervical radiculopathy. Additionally, the report does not document a home exercise regimen. ACOEM guidelines do not recommend tractions for the cervical spine while ODG guidelines only allow tractions in patients with radiculopathy when combined with a home exercise regimen. The request is not medically necessary.