

<b>Case Number:</b>	CM15-0006334		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/31/2005
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65-year-old male with a reported date of injury on 05/31/2005. The mechanism of injury was not provided within the review. The injured worker's diagnoses were noted to include sprain/strain of the neck and shoulder. Previous treatments were noted to include tramadol, home exercise program, and acupuncture. The clinical note dated 12/10/2014 was handwritten and hard to decipher but appears to state that the injured worker had complaints of mild to moderate pain in the cervical spine, lumbar spine, and right and left shoulders. On physical examination, it was noted the injured worker had decreased range of motion and decreased strength in the cervical spine. The treatment plan included a recommendation for a cervical spine traction unit for home use; however, there was no rationale provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Spine Traction Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter

**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 (mechanical).

**Decision rationale:** The California MTUS/ACOEM Guidelines do not address the use of cervical spine traction device. However, the Official Disability Guidelines state that an injured worker controlled cervical traction devices may be recommended in injured workers with radicular symptoms of the cervical spine in conjunction with a home exercise program. The guidelines continue to state that power based traction devices are not currently recommended. There was a lack of evidence within the documentation provided that the injured worker had radicular exam findings that would warrant the use of this device. In addition, there is lack of clarification provided within the documentation whether the request is for individual controlled or power based device. Furthermore, there is no rationale provided for this request. Therefore, the request for cervical spine traction unit is not medically necessary.