

<b>Case Number:</b>	CM15-0007587		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, Arizona

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 52-year-old male with a reported date of injury on 03/14/2013. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar degenerative disc disease, impingement syndrome of the right shoulder, and chronic pain syndrome. Previous therapy includes chiropractic treatment, acupuncture, physical therapy, home exercise program, modified duty, and medications to include diclofenac patch, Norco, Voltaren, and Vicodin. The clinical note dated 04/15/2014 did not provide any subjective complaints or objective physical examination findings that correlate with the cervical spine. Under the treatment plan it was noted the physician was recommending a cervical traction device with air bladder. However, there was no rationale provided for the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable Medical Equipment (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 Official Disability Guidelines (ODG); Cervical Traction

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

**Decision rationale:** The California MTUS/American College of Occupational and Environmental Medicine Guidelines do not address this request. However, the Official Disability Guidelines state that patient controlled traction devices may be recommended for patients who have radicular symptoms in conjunction with a home exercise program. The guidelines continue to state that power based traction devices are not currently recommended. There is a lack of evidence within the documentation provided that the patient has symptomatology or objective exam findings correlating with the cervical spine to include radiculopathy that would support the use of this requested device. In addition, it remains unclear whether the requested device is patient controlled or power based. Furthermore, there is no rationale provided for this requested device. Therefore, the request for durable medical equipment (DME) cervical traction with air bladder is considered not medically necessary.