

<b>Case Number:</b>	CM15-0135760		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 55-year-old woman sustained an industrial injury on 10/27/2009. The mechanism of injury is not detailed. Diagnoses include neck pain status post surgery and myofascial pain to the cervical spine. Treatment has included oral medications, surgical intervention, and trigger point injections. Physician notes dated 6/10/2015 show complaints of chronic neck pain. The worker rates her pain 7-8/10 without medications and 3/10 with medications. Recommendations include Norco, stop Ibuprofen and Zanaflex, Saunders cervical home traction unit, and follow up in two months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Saunders cervical home traction unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The requested Saunders cervical home traction unit is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies, Diagnostic, and Therapeutic Considerations, Page 181, does not recommend cervical traction. The injured worker has chronic neck pain, despite previous cervical surgery. The treating physician has not documented objective evidence of derived functional benefit from the use of cervical traction under the supervision of a licensed physical therapist. The criteria noted above not having been met, Saunders cervical home traction unit is not medically necessary.