

<b>Case Number:</b>	CM15-0142869		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: 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 42 year old male who sustained an industrial injury on 7-18-2013. He was injured over the years by lifting heavy objects up to 80 pounds. He has reported injury to the cervical spine, lumbar spine, right shoulder, left shoulder, right wrist, and left wrist and has been diagnosed with cervical myofascitis, cervical sprain strain, lumbar disc protrusion, lumbar musculoligamentous injury, lumbar myofascitis, lumbar sprain strain, right shoulder myoligamentous injury, right shoulder sprain strain, left shoulder myoligamentous injury, left shoulder sprain strain, right carpal tunnel syndrome, right wrist sprain strain, left carpal tunnel syndrome, and left wrist sprain strain. Treatment has included medications, physical therapy, acupuncture, injections, and modified work duty. There was tenderness to palpation of the cervical spine. Soto-Hall was positive. There was tenderness to the lumbar spine with decreased range of motion. Nachlas caused pain. There was tenderness over the right shoulder. Supraspinatus press was positive. There was tenderness over the left shoulder. Supraspinatus was positive. There was tenderness over the right wrist. Tinel's was positive. There was tenderness over the left wrist. Tinel's was positive. The treatment plan included medications, cervical traction, NCV, EMG, urine analysis testing, MRI, and acupuncture. The treatment request included cervical traction system purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: cervical traction system:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back, Traction, page 173.

**Decision rationale:** Per ACOEM Treatment Guidelines for the upper back and neck, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per ODG, cervical traction is recommended for patients with radicular symptoms, in conjunction with an active exercise program, not seen here. In addition, there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. There is no MRI showing clear neural foraminal stenosis or nerve impingement and clinical findings has no correlating dermatomal or myotomal neurological deficits identified. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. Treatment plan had recommendation for cervical traction; however, follow-up report had no documented functional improvement from treatment rendered to support for purchase of DME. The DME: cervical traction system is not medically necessary and appropriate.