

<b>Case Number:</b>	CM15-0164009		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 48 year old female, who sustained an industrial injury on June 4, 2012. The injured worker was diagnosed as having discogenic cervical condition, with radiculopathy, right shoulder impingement syndrome, stenosing tenosynovitis, chronic pain and severe headaches. Treatment to date has included Transcutaneous Electrical Nerve Stimulation (TENS) unit, H-wave therapy, lab work, functional restoration program, psychotherapy, magnetic resonance imaging (MRI) and medication. A progress note dated June 30, 2015 provides the injured worker complains of headaches, neck, shoulder and back pain with numbness of the upper extremities. She reports increased left shoulder pain due to overuse. Physical exam notes decreased cervical range of motion (ROM) with tenderness to palpation, decreased right shoulder range of motion (ROM) with tenderness to palpation, positive impingement and decreased strength. There is trapezius tenderness to palpation. There is lumbar tenderness to palpation with decreased range of motion (ROM). Neurologically reflexes are absent in the right shoulder and lumbar area. The request includes cervical traction with air bladder rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical traction with air bladder rental:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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

**Decision rationale:** This 48 year old female has complained of neck pain and shoulder pain since date of injury 6/4/2012. She has been treated with TENS, H wave therapy, physical therapy and medications. The current request is for cervical traction with air bladder rental. Per the MTUS guidelines cited above, cervical traction is not a recommended physical modality for the treatment of chronic neck pain. On the basis of the available medical records and per the guidelines cited above, cervical traction with air bladder rental is not medically necessary.