

<b>Case Number:</b>	CM15-0165384		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	12/06/2002
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Physical Medicine & Rehabilitation, Neuromuscular 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 52-year-old female sustained an industrial injury to the neck and back on 12-6-02. The injured worker was treated initially with ongoing chiropractic therapy. Recent treatment consisted of medication management. In a PR-2 dated 7-27-15, the injured worker complained of ongoing pain to the neck and low back with radiation down the legs associated with numbness. The injured worker reported having a locking sensation when she tilted her head or rotated to the left. The physician stated that magnetic resonance imaging cervical spine (7-2-15) was essentially unremarkable. Physical exam was remarkable for cervical spine with pain with cervical facet loading, decreased cervical spine range of motion and positive foraminal compression test on the left and lumbar spine tenderness to palpation to the lumbosacral junction with lumbar paraspinal spasms, numbness down the left leg and equivocal straight leg raise. Current diagnoses included chronic neck and upper extremity pain, chronic low back pain and chronic cervicogenic headaches. The treatment plan included continuing medications (Norco, Relafen, Prilosec and Neurontin), requesting authorization for a trial of a cervical home traction unit and magnetic resonance imaging lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Saunders cervical home 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 (Acute & Chronic): Traction (mechanical) 2015.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back-traction.

**Decision rationale:** One Saunders cervical home traction unit is not medically necessary per the MTUS and ODG guidelines. For the cervical area, the MTUS guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. The ODG states that a home cervical patient controlled traction device can be used for patients with radicular symptoms, in conjunction with a home exercise program. The ODG states that recent studies have documented good results using traction to treat cervical radiculopathy with traction forces from 20 to 55 lbs (more than an over-the-door unit can provide). Cervical traction should be combined with exercise techniques to treat patients with neck pain and radiculopathy. In comparing the intervertebral separation obtained with supine pneumatic traction (using the Saunders Cervical Traction Device) to seated traction (using an over-the-door home traction device), the supine device caused significantly greater separation vs. over-the-door traction. The documentation does not reveal that the patient has attempted traction of any form under supervision to ensure that she is using the equipment correctly and safely. There is no evidence that this patient has TMJ and cannot tolerate an over the door traction unit. The documentation states that the provider is requesting authorization "for a trial of a Saunders cervical home traction unit," however the request as written implies a home purchase. Furthermore, the MTUS states that there is no high grade evidence to support the effectiveness of traction. For all of these reasons the request for a Saunders cervical traction device is not medically necessary.