

<b>Case Number:</b>	CM15-0195171		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	06/24/1985
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Hawaii

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:

This injured worker is a 68 year old male who reported an industrial injury on 6-24-1985. His diagnoses, and or impressions, were noted to include: discogenic, multi-level cervical and lumbar-sacral disc bulges, degenerative disc disease, and facet joint arthropathies; and chronic low back pain. MRI of the lumbar spine was said to have been done on 5-22-2015 and of the cervical spine on 7-10-2014, and were not noted in the medical records provided. His treatments were noted to include: a back brace, neck collar; neck pillow, TENS unit therapy; medication management; and rest from work, noted to be retired. The progress notes of 9-1-2015 reported: coverage for the neck, low back and the left shoulder; a 15 pound weight loss; that he retired on 6-30-2013; a review of the MRI study findings; a suggestion for him to receive bilateral lumbosacral facet injections; minimized activity-chores with decreased ability for activities of daily living; occasional significant weakness in the buttocks preventing him from walking - suggestive of spinal stenosis related symptomatology; and that a neck traction kit had originally been requested in Aug, 2014 and that it came with a late denial, and should be provided at this time. The objective findings were noted to include: tenderness along the lumbosacral and cervical spine, with positive facet loading, and decreased range-of-motion and tilting in the neck. The physician's requests for treatment were noted to include kindly authorizing the neck traction with airbladder. The Request for Authorization, dated 9-1-2015, was noted to include cervical traction with air bladder, and electrodiagnostic studies of the bilateral lower extremities. The Utilization Review of 9-10-2015 non-certified the request for: cervical traction with air bladder, with the accepted body parts of the back, left shoulder, neck, spine, and left minor upper extremity; and electrodiagnostic studies of the bilateral lower extremities which were denied body parts.

## **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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical Traction.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The patient presents with pain affecting the cervical spine. The current request is for cervical traction with air bladder. The requesting treating physician report dated 8/19/15 (49B) does not provide a rationale for the current request and does not show that the patient presents with cervical radiculopathy or any radicular symptoms of the cervical spine. The ACOEM guidelines page 173 on C-spine traction states, "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely." Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. ODG guidelines do support patient controlled traction units for radicular symptoms. In this case, however, the patient does not present with radicular symptoms and no MRI reports are provided showing HNP or stenosis. The current request is not medically necessary.