

<b>Case Number:</b>	CM15-0195489		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/21/2015
<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: New York, Tennessee  
 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:

The injured worker is a 51 year old female, who sustained an industrial injury on 7-11-2012. The injured worker is undergoing treatment for brachial neuritis, cervical intervertebral disc displacement, cervical facet joint syndrome, cervical stenosis, grade 1 retrolisthesis of C6 over C7, cervical intervertebral disc degeneration, cervicgia and myalgia and myositis. Medical records dated 8-3-2015 indicate the injured worker complains of neck pain radiating to the shoulders arms and hands with numbness and tingling and occipital headaches. She rates the pain 7 out of 10 and 3 out of 10 with medication. Physical exam dated 8-3-2015 notes cervical tenderness to palpation and guarding with decreased range of motion (ROM), sensory deficit and positive compression test. There is shoulder tenderness to palpation with decreased range of motion (ROM). Treatment to date has included physical therapy, medication, inferential unit, 8-14-2014 cervical magnetic resonance imaging (MRI) with impression of multiple disc protrusions, neuroforaminal narrowing and retrolisthesis. The original utilization review dated 9-21-2015 indicates the request for home cervical traction unit is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home cervical 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 (ODG), Neck & Upper Back (updated 06/25/2015), Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Traction (mechanical).

**Decision rationale:** Home patient-controlled cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. Cervical traction should be combined with exercise techniques to treat patients with neck pain and radiculopathy. It is not advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Institutionally based powered traction devices are not recommended. In this case, the documentation in the medical record supports the diagnosis of cervical radiculopathy. However, there is no documentation that the device is a patient controlled unit or that it is to be used in conjunction with a home exercise program. Conditions for use of home cervical traction unit have not been met. The request is not medically necessary.