

<b>Case Number:</b>	CM15-0020030		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 59 year old female with an industrial injury dated March 7, 2014. The injured worker diagnoses include cervical degenerative disc disease and spondylosis. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/14/2015, the treating physician noted tenderness to palpitation along the paraspinous muscles and the lower cervical spine and upper thoracic spine. Her muscles were tight. Documentation noted that the pain was decreased with cervical traction and slightly exacerbated with cervical compression. The treating physician prescribed services for cervical traction unit. Utilization Review determination on January 19, 2015 denied the request for cervical traction unit, citing MTUS, ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical traction unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2012 Official Disability Guidelines (ODG): Cervical Traction

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**Decision rationale:** According to the ACOEM chapter on chronic neck and upper back pain there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. In this case the patient has chronic cervical pain with a diagnosis of spondylosis and degenerative disc disease. The continued use of a home cervical traction unit is not medically necessary.