

<b>Case Number:</b>	CM15-0027988		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	05/09/2009
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 51 year old female, who sustained an industrial injury on May 9, 2009. She has reported slipping and falling due to water. The diagnoses have included lumbar disc disorder. Treatment to date has included medications, surgery, injections, transcutaneous electrical nerve stimulation, heat applications, cold applications, knee bracing, and radiological imaging. Currently, the IW complains of left knee, low back, and right shoulder issues. The records indicate she had surgery on the knee in 2010, and shoulder surgery in 2013. She has been off work since 2012. She has reportedly lost 120 pounds. She is noted to have tenderness to the shoulder. On February 6, 2015, Utilization Review non-certified cervical collar with air bladder. The ACOEM and ODG guidelines were cited. On February 13, 2015, the injured worker submitted an application for IMR for review of cervical collar with air bladder.

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

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

**Decision rationale:** According to MTUS guidelines, and in the chapter Initial approaches to treatment, Table 3-1, traction is not medically necessary as a physical treatment method. Furthermore and the chapter of Neck and Upper Back Complaints, "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. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." There is no documentation that the patient is suffering from radicular pain and cervical radiculopathy. Therefore, the request for cervical traction with air bladder is not medically necessary.