

<b>Case Number:</b>	CM15-0028830		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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

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 52 year old female, who sustained an industrial injury on 8/30/2010. The current diagnosis is discogenic cervical condition. According to the progress report dated 2/9/2015, the injured worker complains of neck and bilateral shoulder pain. Treatment to date has included medications, chiropractic, acupuncture, cervical pillow, and cervical traction. The treating physician is requesting retrospective cervical traction unit with air (DOS 10/6/2014), which is now under review. On 1/20/2015, Utilization Review had non-certified a request for retrospective cervical traction unit with air (DOS 10/6/2014). The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical traction unit with air:** 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, Traction (mechanical)

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

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines home cervical traction may improve pain patients with discogenic neck pain with radiculopathy in conjunction with home exercise regiment. The provider has failed to document rationale for cervical traction device and has not document appropriate home exercise program. The provider has failed to provide documentation that supports the use of cervical traction unit.