

<b>Case Number:</b>	CM15-0211036		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	02/05/2015
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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, Indiana, New York  
 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 51-year-old female who sustained an industrial injury February 5, 2015. History included breast surgery (unspecified) and left hand surgery. Past treatment included medication, activity modification, physiotherapy, chiropractic manipulation, and a home exercise program. Diagnoses are cervical spine discopathy, moderate to severe spondylosis C5-C6 with disc bulges per MRI April 23, 2015; cervical radiculopathy; cervicogenic headaches; lumbar sprain, strain with spondylosis, facet osteoarthritis L5-S1 per x-rays dated April 23, 2015 and MRI April 13, 2015. According to a treating physician's notes dated October 6, 2015, the injured worker presented with mild to severe low back pain with radiating symptoms to the bilateral lower extremities associated with numbness and tingling. There is increased pain with extension. She cannot tolerate walking or standing more than 30 minutes. She reported spasm and cramping to her gastrocnemius muscle, continued neck pain with burning to her shoulders with numbness and tingling. She describes a different type of pain in her right and left elbow and hands and wrists. Treatment plan included recommendation for epidural steroid injections. A physician's notes dated September 15, 2015 revealed; positive Spurling's sign and sensation in the bilateral upper extremities is decreased along the bilateral C5 and C6 dermatomes. At issue, is a request for authorization dated September 15, 2015, a cervical traction pump for home use. According to utilization review dated October 16, 2015, the request for a cervical pillow was certified. The request for (1) cervical traction pump was modified to (1) cervical traction pump for home use for up to three weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One cervical traction pump:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper back (Acute & Chronic): Traction (mechanical) 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Traction and Other Medical Treatment Guidelines  
[http://www.aetna.com/cpb/medical/data/400\\_499/0453.html](http://www.aetna.com/cpb/medical/data/400_499/0453.html).

**Decision rationale:** Pursuant to the Aetna Clinical Policy Bulletin, one cervical traction pump is not medically necessary. 1. Aetna considers pneumatic cervical traction devices applying traction force to other than mandible, and cervical traction equipment not requiring an additional stand or frame, medically necessary durable medical equipment (DME) when all of the following criteria are met: 1. The member has a musculoskeletal or neurologic impairment requiring traction equipment; and 2. The appropriate use of a home cervical traction device has been demonstrated to the member and the member tolerated the selected device; and 3. Any one of the following criteria is met: 1. The treating physician orders and documents the medical necessity of 20 pounds or more of home cervical traction; or 2. The member has temporomandibular joint (TMJ) dysfunction and has received treatment for the TMJ condition; or 3. The member has distortion of the lower jaw or neck anatomy (e.g., radical neck dissection) such that a chin halter is unable to be utilized. The guidelines recommend home cervical patient controlled traction for patients with radicular symptoms in conjunction with a home exercise program. The guidelines do not recommend institutionally based powered traction devices. In this case, the injured worker's working diagnoses are cervical spine discopathy; cervical radiculopathy and cervicogenic headaches. Date of injury is February 5, 2015. Request for authorization is October 9, 2015. According to an October 6, 2015 progress note, the injured worker presents for a follow-up examination with mild to severe low back pain and radiating symptoms to the lower extremities with numbness and tingling. There is ongoing neck pain with occasional burning sensation to the shoulders with numbness and tingling. Objectively, there is tenderness to palpation over the occipital muscles bilaterally with facet tenderness C-5 - C7. Range of motion is limited. Sensation in the bilateral upper extremities is decreased along the bilateral C5 and C6 dermatomes upper extremity muscle testing with 4/5. Treatment recommendations include a transforaminal L5 - S1 epidural steroid injection and a left L4 - L5 epidural steroid injection. The documentation indicates the injured worker failed conservative treatment. The treating provider is requesting bilateral C-5 - C6 trans facet epidural steroid injections due to radicular symptoms. The injured worker has failed conservative treatment including physical therapy, chiropractic, medication, rest and a home exercise program. There is no clinical discussion, indication or rationale for a cervical traction pump. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no clinical discussion, indication or rationale for a cervical pump, one cervical traction pump is not medically necessary.

