

<b>Case Number:</b>	CM15-0035466		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, New York  
Certification(s)/Specialty: Family Practice

### 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 sustained an industrial injury on 10/6/2011. She reported injury from a motor vehicle accident. The injured worker was diagnosed as status post left shoulder rotator cuff repair, brachial neuritis, lumbar disc displacement, bilateral carpal tunnel syndrome and cervical spondylosis without myelopathy. Recent magnetic resonance imaging of the spine shows mild acute compression fractures of lumbar 2 and 3 and multilevel degenerative disc disease of the lumbar spine. Treatment to date has included wrist splints, cervical epidural steroid injection, physical therapy and medication management. Currently, the injured worker complains of worsening back pain, bilateral leg numbness at night and shoulder improvement with physical therapy. In a progress note dated 1/21/2015, the treating physician is requesting cervical traction machine for home use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Traction Machine (unspecified if powered traction of patient controlled traction) for purchase:** 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); Traction Units.

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

**Decision rationale:** The request for cervical traction is considered not medically necessary. According to MTUS, there is not enough evidence of the effectiveness of passive physical modalities such as traction. The patient has a home traction unit which has provided relief. However, the request was not specified for a powered traction unit or a patient controlled unit. Therefore, cervical traction is considered not medically necessary as stated.