

<b>Case Number:</b>	CM15-0041354		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65-year-old female, who sustained an industrial injury on 1/27/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having wrist sprain/strain, unspecified site, cervical and lumbar discogenic syndrome, and shoulder synovitis. Treatment to date has included conservative measures. Currently, the injured worker complains of increased neck pain after manipulation, back pain, arm pain, and decreased range of motion. Physical exam noted tenderness over the mid cervical spine and decreased range of motion of the neck. Medications included Ultram, Flexaril, and Ambien. The treatment plan included magnetic resonance imaging of the cervical spine and a home cervical traction unit.

### 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:** Decision based on MTUS ACOEM Page(s): 181, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Neck and Upper Back procedure summary.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation ODG, Neck Chapter, Traction mechanical.

**Decision rationale:** The patient has ongoing neck pain and shoulder pain. The current request is for a Cervical Traction Unit. CA MTUS addresses the use of cervical traction for acute neck pain and indicates that traction is not recommended. ODG specifically discusses the medical necessity of cervical traction units and recommends home cervical traction (using a seated over-the-door device or a supine pneumatic device, which may be preferred due to greater forces), for patients with radicular symptoms, for use in conjunction with a home exercise program. In this case, the claimant has complaints of neck pain, physical examination findings of decreased cervical range of motion, tenderness in the cervical region and a diagnosis of cervical discogenic syndrome. There is nothing to suggest from the symptoms, physical examination or diagnostic studies that the patient has cervical radiculopathy. Therefore, medical necessity for the home traction unit has not been established by the available documentation. As such, recommendation is for denial.