

<b>Case Number:</b>	CM15-0042443		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: 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 48-year-old male, who sustained an industrial injury on August 17, 2013. He has reported neck pain, right shoulder pain, and numbness and tingling of the right arm. Diagnoses have included neck sprain/strain with radiculopathy and brachial neuritis/radiculitis. Treatment to date has included medications, injections, physical therapy, and imaging studies. An Agreed Medical Evaluation dated May 28, 2014 indicates a chief complaint of neck pain and stillness and numbness and tingling of the right arm. The evaluating physician documented recommendations that included a need for further testing due to the subjective complaints and physical findings. These tests were conducted by a different physician and included strength testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Cervical Traction Unit for Intermittent Use: 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 based on Non-MTUS Citation Official disability guidelines, Neck chapter, traction.

**Decision rationale:** This patient presents with cervical sprain/strain with radiculopathy and brachial neuritis/radiculitis. The request is for Home Cervical Traction Unit for Intermittent Use on 02/02/15. The work status is permanent and stationary per 05/28/14 report. ACOEM guidelines page 173 on C-spine traction states, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. ODG guidelines, Neck chapter under traction: "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy". In this case, the patient does present with some radicular symptoms and a traction trial may be indicated per ODG guidelines although ACOEM does not support it. However, the request does not specify whether this is patient controlled traction or other. ODG only supports patient controlled traction for patients with radicular symptoms. The request is not medically necessary.