

<b>Case Number:</b>	CM15-0051822		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 63 year old male who sustained an industrial injury on January 18, 2008. He has reported injury to the cervical spine and has been diagnosed with cervical radiculopathy, cervical degenerative disc disease, cervical degenerative arthritis, and cervical strain. Treatment has included physical therapy, chiropractic care, medical imaging, and medications. Recent progress note noted tenderness to palpation of the cervical spine with spasm. The treatment request included a 30-day rental of a cervical traction unit for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Traction Unit for the cervical spine:** 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): 173-174, Chronic Pain Treatment Guidelines Initial Approaches to Treatment Page(s): 49.

**Decision rationale:** According to MTUS guidelines, and in the chapter Initial Approaches to Treatment, Table 3-1, traction is not medically necessary as a physical treatment method. Furthermore and the chapter of Neck and Upper Back Complaints, “There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/ cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living.” There is no documentation that the patient is suffering from radicular pain and cervical radiculopathy. Therefore, the request for cervical traction unit is not medically necessary.