

<b>Case Number:</b>	CM15-0054460		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	10/15/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 15, 2006. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve a request for a home traction unit. The claims administrator referenced a progress note dated February 23, 2015 in its determination. The applicant's attorney subsequently appealed. On February 23, 2015, the applicant reported ongoing complaints of neck and shoulder pain. Six sessions of acupuncture, 12 sessions of physical therapy, a TENS unit 30-day rental, and a home traction unit were endorsed while the applicant was asked to remain off of work. The applicant was receiving "permanent disability" benefits, the treating provider acknowledged, in addition to worker's compensation indemnity benefits. The applicant had developed ancillary complaints of depression, anxiety, psychological stress, and TMJ, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME- Home Traction Unit (Purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181; 174.

**Decision rationale:** No, the request for a home traction device was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 8, Table 8-8, page 181, traction, the modality at issue, is deemed "not recommended" in the evaluation and management of neck and upper back complaints, as were/are present here. While ACOEM qualifies its overall unfavorable position on traction for the neck by noting in Chapter 8, page 174 that palliative tools such as traction may be employed on a trial basis with emphasis on functional restoration and return of the applicant's activities of normal daily living, in this case, however, the attending provider sought authorization for the device on a purchase basis as opposed to on a rental or trial basis. It is further noted that the applicant was off of work, receiving both disability benefits and Worker's Compensation indemnity benefits, significantly reducing the likelihood of the applicant's employing the device in conjunction with a program of functional restoration and/or with an emphasis on return to normal activities of daily living. Therefore, the request was not medically necessary.