

<b>Case Number:</b>	CM15-0059432		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Internal 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 39-year-old female, who sustained an industrial injury on 09/04/2014. She reported sustaining injury to the neck and back from repetitive work of riding a minibus that causes jerking movements and climbing into and out of the buses. The injured worker was diagnosed as having myofascial sprain and strain of the cervical spine, degenerative disc disease of the cervical spine with multilevel cervical disc herniation, myofascial sprain and strain of the lumbosacral spine, and mild to moderate degenerative changes with mild scoliosis of the left thoracolumbar spine. Treatment to date has included medication regimen, physical therapy, use of ice, use of heat, acupuncture, x-ray, and magnetic resonance imaging. In a progress note dated 01/27/2015 the treating physician reports complaints of sharp, cramping, spasm, shooting electric numbness, stiffness, and muscle pain, along with limited movement to the neck and back. The pain is rated a ten plus without medication and a seven with medication that was noted to have worsened to an eight to nine. The treating physician requested a trial of cervical traction, but the documentation did not indicate the specific reason for the requested equipment.

### 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 Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses traction. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints indicates that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints indicates that traction is not recommended. The primary treating physician's progress report dated 3/17/15 documented subjective complaints of cervical pain. A cervical traction unit was requested. ACOEM 2nd Edition indicates that that traction is not recommended for neck and upper back conditions. Therefore, the request for a cervical traction unit is not medically necessary.