

<b>Case Number:</b>	CM15-0085525		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 03/01/13. Initial complaints include neck pain radiating to the upper extremities and low back pain with associated tingling in the right lower extremity. Initial diagnoses are not available. Treatments to date are not available. Diagnostic studies include MRIs. Current complaints include neck pain radiating to both upper extremities and low back pain radiating to the right lower extremity. Current diagnoses include cervical and lumbar disc disease, cervical and lumbar radiculopathy, bilateral lateral epicondylitis/carpal tunnel syndrome/de Quervain's tenosynovitis, lumbar facet syndrome, and right sacroiliac joint sprain/strain. In a progress note dated 04/08/15 the treating provider reports the plan of care as 2 bilateral C5-6 and C6-7 transfacet epidural steroid injections, right L3-4 and L4-5 transforaminal epidural steroid injections, a cervical traction unit, continue unspecified medication regimen, and a urine drug screen. The requested treatment is a 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

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

**Decision rationale:** Per ACOEM Treatment Guidelines for the upper back and neck, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per ODG, cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program, not seen here. In addition, there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. The Cervical traction unit is not medically necessary and appropriate.