

<b>Case Number:</b>	CM14-0127215		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/16/2007
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old female who has submitted a claim for cervicalgia and lumbago associated with an industrial injury date of October 16, 2007. Medical records from 2013-2014 were reviewed. The patient complained of neck pain, more on the right side. The pain radiates in the arms, more on the left. Physical examination showed moderate to severe limitation in range of motion of the cervical spine. MRI of the neck, dated March 14, 2013, revealed posterior disc bulges at C3-C4, C4-C5, C6-C7, and C7-T1, and narrowed C5-C6 level with anterior flattening of the dura at C4-C5 and C5-C6, neural foraminal narrowing which was severe on the right at C4-C5 and mild on the left at C2-C3 and C4-C5 as well as bilaterally on C5-C6, and anterior C5-C6 spondylosis deformans. Official report of the imaging study was not available. Treatment to date has included medications, physical therapy, home exercise program, and activity modification. Utilization review, dated August 5, 2014, denied the request for cervical traction unit purchase because there were no objective deficits or goals identified in this clinical presentation, and the scope, nature, and outcome of prior conservative treatment was not specified as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Traction Unit Purchase:** 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 & Upper Back (Acute & Chronic).

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

**Decision rationale:** According to page 173 of the ACOEM Practice Guidelines referenced by CA MTUS, there is no high-grade scientific evidence to support the effectiveness of ineffectiveness of passive physical modalities, such as traction. These palliative tools may be used on a trial basis but should be monitored closely. In this case, there was no documentation that the patient has been using a cervical traction unit. Furthermore, a clear rationale was not provided regarding its use. There is no clear indication for the use of this device. Moreover, it should only be used on a trial basis and should be monitored closely. Therefore, the request for Cervical Traction Unit Purchase is not medically necessary.