

<b>Case Number:</b>	CM14-0158106		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 12/8/11. A utilization review determination dated 9/5/14 recommends non-certification of cervical traction unit with air bladder. 9/8/14 medical report identifies shooting pain in both arms traveling to the fingers with numbness along the middle three fingers on the right and all five fingers on the left. "Nerve studies" were said to show disease along the ulnar nerves. On exam, no findings regarding the cervical spine are noted. The provider notes that two nerve studies did not show any radiculopathy. A neck collar with air traction was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical traction unit with air bladder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Traction

**Decision rationale:** Regarding the request for cervical traction unit with air bladder, CA MTUS and ACOEM state that there is no high-grade scientific evidence to support the use of traction.

They go on to state the traction is not recommended. ODG states that home cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. They go on to state that powered traction devices are not recommended. Within the documentation available for review, there is no documentation of radiculopathy and adherence to an independent home exercise program to support the medical necessity of traction despite the recommendations of the CA MTUS and ACOEM. In the absence of clarity regarding those issues, the currently requested cervical traction with air bladder is not medically necessary.