

Case Number:	CM14-0173741		
Date Assigned:	10/27/2014	Date of Injury:	02/22/1999
Decision Date:	12/03/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/21/2014

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 Internal Medicine, and is licensed to practice in New York. 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 65 year old male with a date of injury of 02/22/1999. He has a history of cervical degenerative disease with cervical radiculopathy. He also has similar lumbar changes and back pain. On MRI he has a 4 mm C3-C4 disc protrusion, 2 - 3 mm C4-C5 disc protrusion and a 2-3 mm disc protrusion at C5-C6. He has neural foramen compromise. On 10/10/2013 he reported improvement of his back pain after a lumbar epidural steroid injection. On 12/19/2013 he had a positive Spurling test. On 03/25/2014 it was noted that he passed out during pool therapy. On 04/01/2014 he had a listed diagnosis of post traumatic head syndrome. On 05/16/2014 his cervical spine condition was not mentioned. On 09/08/2014 bilateral carpal tunnel syndrome was listed as one of his diagnoses (as it was other times). He had a head injury from a robber.

IMR ISSUES, DECISIONS AND RATIONALES

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

One self-guided cervical traction: 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 (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 163-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Neck, Traction Mechanical

Decision rationale: MTUS ACOEM Chapter 8 Neck and Upper Back Complaints does not mention cervical traction as a recommended treatment. ODG notes the following: Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. (Aetna, 2004) (Olivero, 2002) (Joghataei, 2004) (Shakoor, 2002) Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation and left rotation. (Zylbergold, 1985) Other studies have concluded 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. (Kjellman, 1999) (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999) (Browder, 2004) This Cochrane review found no evidence from RCTs with a low potential for bias that clearly supports or refutes the use of either continuous or intermittent traction for neck disorders. (Graham, 2008) The Pronex and Saunders home cervical traction devices are approved for marketing as a form of traction. Although the cost for Pronex or Saunders is more than an over-the-door unit, they are easier to use and less likely to cause aggravation to the TMJ. Therefore, these devices may be an option for home cervical traction. (Washington, 2002) For decades, cervical traction has been applied widely for pain relief of neck muscle spasm or nerve root compression. It is a technique in which a force is applied to a part of the body to reduce paravertebral muscle spasms by stretching soft tissues, and in certain circumstances separating facet joint surfaces or bony structures. Cervical traction is administered by various techniques ranging from supine mechanical motorized cervical traction to seated cervical traction using an over-the-door pulley support with attached weights. Duration of cervical traction can range from a few minutes to 30 min, once or twice weekly to several times per day. In general, over-the-door traction at home is limited to providing less than 20 pounds of traction. See also Manual traction. This patient has long term degenerative cervical and lumbar changes and there is no documentation that the use of cervical traction would improve his long term health outcome or decrease the need for surgery. Therefore the request is not medically necessary.