

<b>Case Number:</b>	CM14-0185307		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Family 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 49 year old male patient who sustained a work related injury on 03/13/2014. He sustained the injury due to repetitive lifting and pushing a heavy inmate bunk. The current diagnosis includes chronic cervical spine strain with possible radiculopathy. Per the doctor's note dated 9/23/14, patient had complaints of neck pain with radiation to the left arm and left shoulder with numbness and tingling in his left hand. Physical examination revealed cervical spine-tenderness and decreased range of motion; left shoulder range of motion; decreased sensation in left upper extremity. The medications list includes metformin, allopurinol, Lipitor, aspirin, lisinopril and glipizide. He has had MRI of the left shoulder which revealed tendinosis of the supraspinatus tendon, MRI of the cervical spine dated 11/1/13 which revealed disk bulges at C3-4 of 2mm, at C4-5 of 2 mm, at C5-6 of 3 mm and at C6-7 of 5 mm; the nerve conduction studies dated 9/24/13 which revealed right carpal tunnel syndrome and left C5 radiculopathy; EMG/NCS of the upper extremities dated 4/8/14 which revealed acute and chronic cervical radiculopathy primarily involving C5, C6 and possibly C7 nerve roots, mainly on the left side; cervical spine MRI dated 4/10/14 which revealed a 2 mm central left paracentral disc osteophyte at C3-4, a 2 mm central disc osteophyte at C4-5, a 2 mm mild right paracentral disc at C5-6 and mild to moderate left neural foraminal stenosis at C6-7, central left subarticular disc osteophyte. He has had a cervical epidural injection for this injury. He has had chiropractic therapy sessions and physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Spine Traction Unit for Purchase:** 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.

**Decision rationale:** Per the ACOEM Guidelines "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback." Therefore, there is no high grade scientific evidence to support the effectiveness of traction for neck injury. In addition, a detailed response to previous conservative therapy is not specified in the records provided. The response to medications for pain like NSAIDS or tramadol or acetaminophen is not specified in the records provided. The medical necessity of cervical spine traction unit is not fully established for this patient.