

<b>Case Number:</b>	CM14-0213892		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	07/01/2006
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 44 year-old female who was injured on 7/1/06. She complained of neck and shoulder pain radiating to both arms. She had cervical paraspinal spasms, stiffness, and tightness of her neck. She complained of right elbow and wrist pain. On exam, she had painful restricted range of motion of her cervical spine with radiation to the right C6 and nerve root distribution, tight neck, tender facet joints, and shoulder girdle muscles. She had slightly decreased strength and slow reflexes. She was diagnosed with cervical disc disease, cervical radiculopathy, shoulder girdle strain, right lateral epicondylitis, carpal tunnel syndrome, and repetitive motion syndrome. Her medications included Lidoderm patch, Gabapentin, Diclofenac, Cymbalta, and Skelain. She has tried physical therapy but continues with neck pain. She was denied epidural injections. The current request is for pneumatic cervical traction unit and portable cervical traction unit which was denied by utilization review on 12/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pneumatic 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 (ODG) Neck & Upper Back (updated 11/18/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**Decision rationale:** The request for cervical traction is considered not medically necessary. According to MTUS, there is not enough evidence of the effectiveness of passive physical modalities such as traction. The patient already went through physical therapy without improvement but has not had other documented modalities of conservative treatment. Therefore, cervical traction is considered not medically necessary.

**Portable Cervical Traction Unit Device:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14) Traction

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

**Decision rationale:** The request for cervical traction is considered not medically necessary. According to MTUS, there is not enough evidence of the effectiveness of passive physical modalities such as traction. The patient already went through physical therapy without improvement but has not had other documented modalities of conservative treatment. Therefore, cervical traction is considered not medically necessary.