

<b>Case Number:</b>	CM15-0002729		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	04/13/2014
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 37 year old female, who sustained an industrial injury on 4/13/2014. She has reported pain in the right arm and neck. The diagnoses have included cervico - trapezial strain. Treatment to date has included physical therapy, oral medication including diclofenac and Norco, and a trigger point injection. Currently, the IW complains of neck and upper back pain taed 8/10 VAS. Physical exam documented decreased range of motion of cervical spine and tenderness to upper back. Plan of care included trigger point injection, continue pain medication, and request psychological evaluation, electromyogram test to rule out cervical radiculopathy and a cervical traction unit. On 12/29/2014 Utilization Review non-certified a cervical traction unit purchase, noting the lack of supporting evidence. The MTUS and ODG Guidelines were cited. On 1/6/2015, the injured worker submitted an application for IMR for review of cervical traction unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Traction Unit purchase:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Neck and upper back; Traction

**Decision rationale:** MTUS Guidelines allow for a trial of cervical traction. ODG Guidelines provide additional details regarding what is considered appropriate units for home use. The Guidelines state that traction can be trialed based upon radicular symptoms, no specific test findings are required by the Guidelines. Under these circumstances, a home traction unit purchase is Guideline supported. The specific type of unit should be consistent with Guidelines.