

<b>Case Number:</b>	CM15-0113267		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	03/15/2006
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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 55 year old female, who sustained an industrial injury on 3/15/06. The injured worker was diagnosed as having status post left lateral epicondylectomy, status post anterior cervical spine fusion, status post left shoulder arthroscopy, status post arthroscopic debridement, status post left elbow cubital tunnel release, medial epicondylectomy, status post rotator cuff repair, status post carpal tunnel right and left and gastritis. Treatment to date has included cervical spine fusion, left shoulder arthroscopy, right and left carpal tunnel release, TENS unit and oral medications including opioids. Currently, the injured worker complains of pain and tightness in neck region rated 7/10, she states she is unable to turn her neck and complains of instability of cervical spine region. She notes medications help to slightly relieve the pain and discomfort, in the past physical therapy has also helped slightly. She has been declared permanent and stationary. Positive Spurlings is present and MRI studies are consistent with a radiculitis. Physical exam noted restricted range of motion of cervical spine with paraspinal spasm with paraspinal tenderness. The treatment plan included a request for authorization for TENS supplies, internal medical evaluation, home cervical traction unit and renewing of Percocet, discontinuing Fexmid, prescription for Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home cervical traction unit:** Overturned

**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 based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** MTUS Guidelines allow trial use of traction for the cervical spine. ODG Guidelines provide additional details differentiating between mechanical cervical pain and cervical pain associated with a radicular pain pattern. ODG Guidelines are quite supportive of traction when there is a radicular component. The Guidelines address what are reasonable types of units for home use. This individual has a radicular component and Guidelines are supportive of at least a trial of a home unit under these circumstances. The Home Cervical Traction Unit is medically necessary.