

<b>Case Number:</b>	CM15-0114133		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: North Carolina

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:

This 40-year-old woman sustained an industrial injury on 3/11/2014. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 10/1/2014. Diagnoses include cervicgia, cervical disc bulge, cervical degenerative disc, cervical radiculopathy, cervical facet joint syndrome, limb pain, and lateral epicondylitis. Treatment has included oral and topical medications, home exercise program, and independent aquatic therapy. Physician notes dated 5/13/2015 show complaints of cervical spine pain rated 9/10 with numbness radiating to the bilateral upper extremities. Recommendations include chiropractic care, home traction unit, home exercise program, massage therapy, ultrasound guided bilateral trapezius trigger point injection, occupational therapy, H-wave treatment, stop Lidoderm patches, and follow up in two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Traction Unit Cervical Spine:** 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) Treatment Index, 11th Edition (web) 2014, Neck & Upper Back, Traction.

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

**Decision rationale:** The ACOEM chapter on neck complaints states: 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. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. The provided documentation for review does not show the traction will be used on a trial basis with close monitoring of objective improvement and functional restoration. Therefore, the request is not medically necessary.