

<b>Case Number:</b>	CM15-0119431		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: 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 injured worker is a 58 year old male, who reported an industrial injury on 1/13/2014. His diagnoses, and or impression, were noted to include: multi-level cervical degenerative disc disease with chronic cervical pain and stiffness, with benign cervical 5 lesions, and without definite radiculopathy; lumbar strain and degenerative disc disease; and bilateral shoulder strain. No current imaging studies were noted. His treatments were noted to include an agreed medical examination on 5/6/2015; diagnostic magnetic resonance imaging studies of his neck on 2/21/2014; physical therapy for his neck; and rest from work. The progress notes of 4/28/2015 reported a follow-up evaluation for his neck pain. Objective findings were noted to include obesity; and tenderness, with spasms, to the bilateral cervical and trapezius musculature, without radiation of pain, and with a mildly discomfortable cervical compression test. The physician's requests for treatments were noted to include one month of cervical traction to alleviate his neck symptoms to hopefully allow an eventual return to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical traction, three times weekly for four weeks: 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 and Upper Back Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back.

**Decision rationale:** This patient receives treatment for chronic neck pain. The medical diagnoses include cervical disc disease without radiculopathy and lumbar disc disease with low back strain. This review addresses a request for cervical traction. On physical exam there is spasm on palpation of the paracervical and trapezius muscles. There are no documented physical findings consistent with a radicular process. The treatment guidelines state that cervical traction may be indicated for certain cases of cervical spine disorders with radiculopathy. Based on the lack of such documentation, cervical traction is not medically necessary.