

<b>Case Number:</b>	CM15-0069798		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Arizona, 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:

The injured worker is a 50 year old male, who sustained an industrial injury on October 18, 2012. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical herniated nucleus pulposus, cervical pain, cervical sprain, and cervical radiculopathy. Diagnostics to date has included an MRI of the cervical spine. Treatment to date has included non-steroidal anti-inflammatory medication. On February 18, 2015, the injured worker complains of constant aching neck pain, which is rated 4/10. Associated symptoms include a pins and needles sensation. The physical exam revealed mild tenderness to palpation of the neck, decreased range of motion, normal paraspinal strength, and no instability, subluxation, or laxity. There were decreased bilateral upper extremities reflexes. The treatment plan includes cervical traction 3 times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Traction 3-Times A Day for 1 Month:** 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).

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

**Decision rationale:** According to the guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. In this case, the claimant has undergone medication intervention. There is a request for nerve blocks and therapy, which have more evidence for benefit. The request for traction is not medically necessary.