

<b>Case Number:</b>	CM15-0071676		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 52 year old male, who sustained an industrial injury on 4/30/14. He reported head, neck and right knee injuries. The injured worker was diagnosed as having cervical spine sprain/strain with bilateral upper extremity radiculopathy and right knee internal derangement. Treatment to date has included acupuncture, activities restrictions and home exercise program. Currently, the injured worker complains of left upper extremity numbness; however he also noted less pain and improved functioning. Physical exam noted painful range of motion of right knee and asymmetrical motion loss of cervical spine. The treatment plan included a request for home cervical traction unit and the injured worker is to bring in his (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Home Cervical Traction Unit (through Cypress Care 800-419-7191):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4.

**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, Traction.

**Decision rationale:** MTUS is silent specifically regarding traction devices. ODG states, "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy . . . For decades, cervical traction has been applied widely for pain relief of neck muscle spasm or nerve root compression. It is a technique in which a force is applied to a part of the body to reduce paravertebral muscle spasms by stretching soft tissues, and in certain circumstances separating facet joint surfaces or bony structures. Cervical traction is administered by various techniques ranging from supine mechanical motorized cervical traction to seated cervical traction using an over-the-door pulley support with attached weights. Duration of cervical traction can range from a few minutes to 30 min, once or twice weekly to several times per day. In general, over-the-door traction at home is limited to providing less than 20 pounds of traction." The medical documentation provided details radiculopathy, a home exercise program, and that the patient responded well to a previous trial of a cervical traction unit. As such the request for 1 Home Cervical Traction Unit (through Cypress Care 800-419-7191) is medically necessary.