

<b>Case Number:</b>	CM15-0077511		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Emergency 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 36 year old male who sustained an industrial injury on 10/12/12. The injured worker reported symptoms in the neck and shoulder. The injured worker was diagnosed as having left cervical radiculopathy secondary to C3-C4 and C5-C6 disc protrusions with lateral recess and neuroforaminal stenosis. Treatments to date have included physiotherapy, physical therapy, chiropractic treatments, nonsteroidal anti-inflammatory drugs, and acupuncture treatment. Currently, the injured worker complains of neck and shoulder discomfort. The plan of care was for the purchase of a cervical traction home unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase a Cervical Traction home Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The requested Purchase a Cervical Traction home Unit, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Page 181, does not recommend cervical traction. The injured worker has neck and shoulder discomfort. The treating physician has not documented subjective or objective findings indicative of cervical radiculopathy, nor objective evidence of derived functional benefit from the use of cervical traction under the supervision of a licensed physical therapist. The criteria noted above not having been met, Purchase a Cervical Traction home Unit is not medically necessary.