

<b>Case Number:</b>	CM13-0020008		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/12/2009
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 52-year-old individual who sustained an injury on 9/12/2009. The mechanism of injury is not listed. There are ongoing complaints of neck and left shoulder pain. At the most recent office visit, dated 7/3/2013, physical examination demonstrated tenderness along cervical paraspinal muscles bilaterally as well as pain along the acromioclavicular joint on the left shoulder. Shoulder abduction and flexion was 140; strength is 4+/5 to resisted function bilaterally. No diagnostic imaging studies available. Diagnoses: Cervicalgia, left shoulder impingement syndrome. Previous treatment includes ten chiropractic sessions, traction, Transcutaneous Electrical Nerve Stimulation (TENS), acupuncture and aqua therapy. A request had been made for a cervical pillow. The utilization review in question was dated 8/7/2013 and rendered the request as not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL PILLOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Cervical and Thoracic Spine Disorders, Table 2, Summary of Recommendations (<http://www.acoempracguides.org/cervicalandThoracicSpine>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders, Clinical Measures; Allied health Interventions (electronically sited).

**Decision rationale:** CA MTUS does not reference cervical pillows. Therefore, ACOEM guidelines are used. ACOEM guidelines provide no support for the use of cervical (neck pillows), as there is no quality evidence to support their role in the treatment of chronic neck pain. In the absence of guideline support indicating efficacy of the proposed device, this request is not considered medically necessary.