

Case Number:	CM13-0023024		
Date Assigned:	11/15/2013	Date of Injury:	10/29/2011
Decision Date:	01/28/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, Pain Medicine, and is licensed to practice in Florida. 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 physician 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 patient is a 45-year-old female who reported an injury on 10/29/2011. There was no clinical documentation submitted for this review providing evidence of a physical examination or medical diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical pillow between 1/21/13 and 1/21/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Pillow.

Decision rationale: The Official Disability Guidelines state cervical pillows are recommended as a neck support while sleeping, in conjunction with daily exercise. There was no documentation submitted for this review. Therefore, there is no evidence that this patient is actively participating in daily exercise. A physical examination was not provided. The medical necessity for the requested service has not been established. Therefore, the request cannot be

determined as medically appropriate. As such, the request for 1 cervical pillow between 1/21/13 and 1/21/13 is non-certified.