

Case Number:	CM13-0029564		
Date Assigned:	11/01/2013	Date of Injury:	03/01/2013
Decision Date:	02/17/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/26/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 52-year-old female who reported an injury on 03/01/2013. The patient is currently diagnosed with sprain of the wrist, sprain of the knee and leg, and cephalgia. The patient was seen by [REDACTED] on 08/26/2013. The patient reported 8/10 lower back pain with ongoing neck and right upper extremity pain. The patient also reported 8/10 bilateral knee pain. Physical examination revealed positive McMurray's testing bilaterally, decreased cervical spine range of motion with tenderness and spasm. Treatment recommendations included a surgical consult, orthopedic pillow, and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

orthopedic pillow: 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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical

modalities. The Official Disability Guidelines (ODG) state pillows are recommended as neck support while sleeping, in conjunction with daily exercise. As per the clinical notes submitted, there is no evidence of this patient's active participation in a functional rehabilitation or therapeutic exercise program. The patient's physical examination only revealed tenderness to palpation with spasm and decreased range of motion of the cervical spine. There is no clinical data presented to suggest that a pillow used on its own has any clinical benefit, and there is no rationale to support the request. Based on the clinical information received, the request is non-certified.