

Case Number:	CM13-0041391		
Date Assigned:	12/20/2013	Date of Injury:	10/25/2011
Decision Date:	04/24/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/14/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; and prior shoulder surgery. In a utilization review report of October 25, 2011, the claims administrator denied a request for a cervical pillow, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. A handwritten progress note of January 15, 2014 is notable for comments that the applicant reports ongoing neck and shoulder pain. Electrodiagnostic testing, physical therapy, and chiropractic manipulative therapy were sought. The applicant was given unchanged work restrictions. It did not appear that the applicant was working with said limitations in place. An earlier handwritten progress note of October 23, 2013, the attending provider apparently, concurrently sought authorization for work hardening, additional physical therapy, shoulder corticosteroid injection under ultrasound guidance, and a cervical pillow. The operating diagnosis included neck pain and shoulder pain, status post earlier shoulder surgery with residual adhesive capsulitis. It did not appear that the applicant was working at that point.

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 ODG Neck and Upper Back (updated 05/14/13), Pillow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The ACOEM Guidelines indicate that there is no recommendation on pillows or other commercial sleep products. While applicants are encouraged to select those pillows which are most comfortable for them, pillows and the like are considered a matter of individual preference, as opposed to a matter of medical necessity. In this case, the attending provider did not offer any applicant-specific information, rationale, narrative, or commentary so as to try and offset the tepid ACOEM recommendation. Therefore, the request is not certified, on independent medical review.