MAXIMUS Federal Services

| Case Number: | CM13-0044243 | | |
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| Date Assigned: | 12/27/2013 | Date of Injury: | 04/28/2001 |
| Decision Date: | 04/28/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 10/28/2013 |

## 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 Family Practice, and is licensed to practice in Texas. 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 patient is a 51-year-old male who reported an injury on 4/28/01. The mechanism of injury was being struck in the forehead by an iron bar. The clinical note dated 12/11/13 state that the patient complained of numbness and tingling to both upper extremities, and neck pain that radiated to all fingers. The clinical note stated that the patient cannot tolerate any medications due to his liver condition. The clinical documentation states that the patient ambulates with the use of a Single Point cane. During physical exam, the patient is noted to have diminished sensation to the right lateral thumb, right long tip and right small tip to all fingers diminished. A clinical note dated 8/6/13 states that the patient complains of frequent right shoulder pain, frequent neck pain that travels to his left hand and fingers. The patient complained of constant left shoulder pains, at times becoming stabbing, but no radiation to extremities. He complained of clicking in his left shoulder and episodes of numbness and tingling in his left hand. The patient complained of continuous lower back pain that is dominant on the right side of his back. He complained that the pain travels bilaterally to his legs and feet. The clinical documentation noted no previous surgical or medical conditions. On physical exam of the cervical spine, bilateral paravertebral, and upper trapezius levator scapula, a twitch response was obtained along with radiating pain on palpitation noted. Spinous process tenderness is noted on C4, C5, C6 and C7. Spurling's maneuver causes pain in the muscles of the neck radiating to upper extremity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**A CERVICAL 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The Official Disability Guidelines recommend the use of a neck support pillow while sleeping, in conjunction with daily exercise. Subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone does not give desired clinical benefit. The documentation provided did not include any conservative home exercise programs, or physical therapy programs. Due to lack of documentation on physical therapy, and conservative care, the request for a cervical pillow does not meet the recommended guidelines. Therefore, the request is non-certified.