

<b>Case Number:</b>	CM13-0061213		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain, reflex sympathetic dystrophy of the upper extremities, psychogenic pain syndrome, major depressive disorder (MDD), and anxiety disorder reportedly associated with an industrial injury of July 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of psychotherapy over the life of the claim. In a utilization review report of November 21, 2013, the claims administrator apparently denied a request for a cervical pillow. The applicant's attorney subsequently appealed. A clinical progress note of December 17, 2013 is notable for comments that the applicant reports persistent shoulder pain, neck pain, and psychological stress, and low back pain 9/10. The applicant is apparently receiving calcium. The applicant is drinking socially. It is stated that the request for cervical pillow and osteopathic manipulative therapy/massage therapy have been denied. In another section of the report it is suggested that the applicant is abusing alcohol. The applicant is overweight and was crying throughout the evaluation. Prescriptions for Vicodin, Soma, and Neurontin were endorsed. In an earlier note of November 18, 2013, it was stated that the applicant should remain off of work, on total temporary disability. It is stated that the cervical pillow and massage therapy were being requested, in part, owing to that the fact that the applicant is off of work and does not have financial means to pay for the same.

### 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:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Treatment in Workers Comp 2nd Edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd Edition, Cervical and Thoracic Spine Chapter, Sleep Pillows and Sleep Posture Section

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, there is no recommendation for or against the use of specific commercial products such as neck pillows, as there is no quality evidence that said neck pillows have any role in the primary prevention or treatment of neck pain. In this case, the employee has longstanding, chronic multifocal neck, back and shoulder pain. However, ACOEM deems pillows and other commercial products to be a matter of personal preference as opposed to a matter of medical necessity. It is further noted that the treating provider has seemingly endorsed the pillow as a prescription through the worker compensation system owing to the employee's financial constraints. A pillow is not indicated here as there is no evidence that the pillow would necessarily ameliorate the employee's chronic neck pain. Therefore, the request is not certified, on independent medical review.