

Case Number:	CM13-0065304		
Date Assigned:	01/03/2014	Date of Injury:	08/18/1999
Decision Date:	04/15/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine 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 50-year-old female who reported an injury on 08/18/1999. The patient reportedly sustained a neck and low back injury due to cumulative trauma, while performing normal job duties. The patient's most recent clinical evaluation documented that the patient's low back and cervical spine pain was responsive to medication usage and aquatic therapy. Clinical findings included tenderness to palpation of the cervical spine and lumbosacral spine, with reduced range of motion secondary to pain of the lumbar and cervical spines. The patient's diagnoses included cervical discopathy/stenosis, bilateral upper extremity overuse tendinitis, and anxiety and depression. A request was made for continuation of medications and a cervical pillow.

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 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 requested cervical pillow is medically necessary and appropriate. Official Disability Guidelines recommend the use of a cervical pillow to assist the patient with sleep dysfunction related to pain of the cervical spine in conjunction with an active therapy program. The clinical documentation submitted for review does provide evidence that the patient has sleep disturbances related to pain that would benefit from the use of a cervical pillow. It is also documented that the patient is participating in aquatic therapy and would benefit from added pain relief of a cervical pillow during the patient's sleep patterns. As such, the requested cervical pillow is medically necessary and appropriate.