

Case Number:	CM14-0004884		
Date Assigned:	01/17/2014	Date of Injury:	05/30/1996
Decision Date:	10/01/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/14/2014

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 & Rehabilitation has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury with when, while lifting a 20 pound binder, she had neck pain radiating into the left arm left shoulder and arm. Treatments have included three cervical spine surgeries, the last in August 2000. She underwent right rotator cuff surgery in 2003 followed by physical therapy. She was seen on 11/18/13. She was having intermittent neck pain radiating to the shoulders without numbness or tingling, neck stiffness, occasional headaches, and difficulty sleeping. She had complaints of a clicking sensation in her neck and muscle spasms. Pain was rated at 5-7/10. Physical examination findings included decreased cervical spine range of motion with muscle tenderness. Cervical compression and Spurling's tests were positive. She had normal strength and sensation. There was decreased shoulder range of motion with increased trapezius muscle tenderness and muscle tone. Impingement testing was positive. Imaging results were reviewed. Diagnoses included multilevel cervical disease status post multiple surgeries/fusions. Recommendations included physical therapy two times per week for six weeks. Urine drug screening was performed. Tylenol was continued. Recommendations included providing a cervical spine pillow and orthopedic mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of cervical spine pillow for the management of symptoms related to the cervical spine and bilateral shoulders: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem-
[https://www.acoempracguides.org/Cervicalandthoracicspine](https://www.acoempracguides.org/Cervicalandthoracicspine;); Table 2, Summary Of Recommendations, Cervical and Thoracic spine disorders

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 (Acute & Chronic), Supports and Pillows

Decision rationale: The claimant is more than 10 years status post work-related injury and has undergone multiple cervical spine surgeries, the last more than 10 years ago. She continues to be treated for chronic neck pain and has difficulty sleeping. Guidelines recommend use of a neck support pillow while sleeping in conjunction with daily exercise in the treatment of chronic neck pain. In this case, the claimant's treatments have already included physical therapy with instruction in a home exercise program. The purchase of cervical spine pillow is therefore medically necessary.

Purchase of orthopedic mattress for the management of symptoms related to the cervical spine and bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acoem-
<https://www.acoempracguides.org/cervicalandthoracicspine>; Table 2, Summary Of Recommendations, Cervical and Thoracic spine disorders

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 (Acute & Chronic), Supports and Pillows

Decision rationale: The claimant is more than 10 years status post work-related injury and has undergone multiple cervical spine surgeries, the last more than 10 years ago. She continues to be treated for chronic neck pain and has difficulty sleeping. Guidelines recommend use of a neck support pillow while sleeping in conjunction with daily exercise in the treatment of chronic neck pain. A specialty mattress or bed is not required or considered medically necessary.