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| Case Number: | CM14-0006676 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 09/03/2013 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 01/16/2014 |
| Priority: | Standard | Application Received: | 01/17/2014 |

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 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 injured worker is a 33-year-old male who reported injury on 09/03/2013. The mechanism of injury was the injured worker was unloading decorative rocks from a truck when the felt a sharp pain in his left side. The documentation of 12/19/2013 revealed the injured worker's pain level had remained constant since the last visit. The injured worker was not taking Celebrex, as he felt he did not need it. The physical examination revealed restricted range of motion. The injured worker had trigger points in the paravertebral muscles on the left side, with a twitch response and radiating pain on palpation. There was tenderness in the paracervical muscles, rhomboids, and trapezius. The Spurling's maneuver caused pain in the muscles of the neck without radicular symptoms. Diagnosis included cervical pain. The treatment plan included oral medications, an MRI of the cervical spine, and a cervical collar pillow. It was indicated the injured worker had poor sleep quality due to the pain and position throughout the night. The injured worker was having difficulty maintaining position sleeping on his back.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL COLLAR 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 & Upper Back Chapter, Pillow

Decision rationale: The Official Disability Guidelines recommend the use of a neck support pillow while sleeping in conjunction with daily exercise. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy and chiropractic treatment. There was a lack of documentation indicating the injured worker would be utilizing the neck support pillow in conjunction with daily exercise. The request as submitted failed to indicate whether the request was for purchase or rental. Given the above, the request for a cervical collar pillow is not medically necessary.