

Case Number:	CM14-0014523		
Date Assigned:	02/28/2014	Date of Injury:	06/01/2010
Decision Date:	06/27/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; right and left carpal tunnel release surgeries; and a 15% whole person impairment rating. In a Utilization Review Report dated January 6, 2014, the claims administrator denied a request for a cervical pillow. Overall rationale is quite sparse. The claims administrator cited non-MTUS ODG Guidelines in its denial which, somewhat incongruously, seemingly supported the request. The applicant's attorney subsequently appealed. A February 3, 2014 office note was notable for comments that the applicant is not working, is currently taking Norco for pain relief, and continues to smoke. The applicant states that her neck has gotten better while she reports persistent shoulder, elbow, and wrist pain. The applicant was given Norco for pain relief and asked to return to regular work (on paper). Earlier notes of October 21, 2013 and January 6, 2014 were both notable for comments that the applicant was not working. The latter note of January 6, 2014 suggested that the applicant had enrolled in an educational program at the University of Phoenix. A cervical pillow was sought to support the applicant's neck while resting on that occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **CERVICAL PILLOW, MEDIUM SIZE:** Overturned

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 ACOEM Practice Guidelines, Third Edition, Cervical and Thoracic Spine Chapter, Sleep Pillows section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Cervical and Thoracic Spine Chapter, there is no recommendation for or against the use of specific commercial products such as cervical pillows as they have no proven outcomes in the prevention or treatment of acute, subacute, or chronic cervical and thoracic pain, as is present here. In this case, the attending provider has not furnished any applicant-specific rationale, narrative, or commentary which would offset the tepid ACOEM recommendation. As noted by ACOEM, pillows and the like are considered articles of the applicant's preference as opposed to matters of medical necessity. Therefore, the request for a [REDACTED] cervical pillow, medium sized, is not medically necessary or appropriate.