MAXIMUS Federal Services

Case Number:	CM14-0014685		
Date Assigned:	02/28/2014	Date of Injury:	10/23/2005
Decision Date:	06/27/2014	UR Denial Date:	01/27/2014
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 Orthopedic Surgery and is licensed to practice in Oklahoma, Texas, California and Tennessee. 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 52-year-old female who sustained an injury to her neck on 10/23/05. The mechanism of injury was not documented. A clinical note dated 11/27/13 reported the injured worker continued to complain of pain in the neck and low back pain. Physical examination noted cervical range of motion restricted; tightness in the cervical paraspinal musculature. The injured worker was diagnosed with herniated cervical disc with radiculitis and cephalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL ROLL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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 request for cervical roll is not medically necessary. The previous request was denied on the basis that the clinical documentation submitted for review failed to indicate that the injured worker was actively participating in a home exercise program.

Additionally, per the documentation dated 01/18/13, the injured worker was noted to have a prescription for cervical spine pillow. The ODG states that use of a neck support pillow is recommended while sleeping in conjunction with daily exercise. Current, evidence-based studies concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. Given the clinical documentation submitted for review, medical necessity of the request for cervical roll has not been established.