

Case Number:	CM14-0113219		
Date Assigned:	09/16/2014	Date of Injury:	01/03/2010
Decision Date:	10/16/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 reported a date of injury of 01/03/2010. The mechanism of injury was reported as a fall. The injured worker had diagnoses of cervical strain/sprain with mild degenerative disc disease, bilateral shoulder rotator cuff strain, bilateral elbow sprain/strain, bilateral sprain/strain, lumbar strain/sprain with L5 radiculopathy, and bilateral hip sprain/strain. Prior treatments included acupuncture and home exercise program. The injured worker had an EMG/NCV on 09/25/2013 with the unofficial report indicating bilateral L5-S1 nerve root impingement that is chronic and mild on the left and moderate on the right; an MRI on 11/13/2013 with the unofficial report indicating lumbar spine 2 mm disc bulge at L2-3, 3 mm disc bulge at L3-4, and 3 mm disc bulge at L4-5. The official reports were not included within the medical records received. Surgeries were not indicated within the medical records provided. The injured worker had complaints of pain in the right foot, hips bilaterally, low back, wrists bilaterally, bilateral elbows, bilateral shoulders, and neck pain that radiated to her upper back. The clinical note dated 07/30/2014 noted the injured worker had tenderness to palpation of the cervical spine with limited flexion, extension, and rotation; tenderness to palpation in the subacromial bursa of the left shoulder, the ulnar nerves over the elbows bilaterally, tenderness to palpation of the right wrist and the lumbar spine over the L5-S1 bilaterally and in the right dorsal medial heel and right medial foot with limited flexion and extension. Medications included Ibuprofen and Vicodin. The treatment plan included the physician's recommendation for a lumbar epidural, for the injured worker to continue with acupuncture treatment, ibuprofen and Vicodin. The rationale and Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tempurpedic cervical side pillow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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), Pillow.

Decision rationale: The request for a Tempur-Pedic cervical side pillow is not medically necessary. The injured worker had complaints of pain in the right foot, hips bilaterally, low back, wrists bilaterally, bilateral elbows, bilateral shoulders, and neck pain that radiated to her upper back. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines recommend the use of a neck support pillow while sleeping in conjunction with daily exercise. Injured workers with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck pillow during sleep; either strategy alone does not give the desired clinical benefit. The guidelines indicate support of a cervical pillow while sleeping in conjunction with daily exercise, to include home exercise program or physical therapy. However, there is a lack of documentation the injured worker is currently in physical therapy or executing a daily home exercise program. As such, the request is not medically necessary.