

Case Number:	CM14-0115459		
Date Assigned:	09/16/2014	Date of Injury:	03/16/2005
Decision Date:	12/12/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/23/2014

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:

This is a 56-year-old female with a 3/16/05 date of injury, when she injured her cervical spine. The patient underwent a cervical fusion in 01/2007 and 10/2007. The patient developed Horner's syndrome and myelopathy following the surgery in 01/2007. The patient was seen on 6/20/14 with complaints of pain in the cervical spine, fatigue, headaches, dizziness and numbness. Exam findings revealed spasm and tenderness of the cervical spine. The progress note was handwritten and somewhat illegible. The patient has been noted to be on Ultram. The diagnosis is status post 2 cervical fusions and cervical spine myelopathy. Treatment to date: 2 cervical fusions, work restrictions, home exercise program and medications. An adverse determination was received on 7/17/14 given that the cervical collar could produce detrimental weakness and debilitation. The request for a cervical spine pillow was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One cervical spine pillow and collar.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck Chapter; Cervical Pillow

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, Cervical Collar

Decision rationale: CA MTUS does not specifically address cervical pillow and cervical collar. ODG does not recommend cervical collars for neck sprains, but may be appropriate where post-operative and fracture indications exist. In addition, ODG recommends use of a neck support pillow while sleeping, in conjunction with daily exercise; either strategy alone did not give clinical benefit. However the patient underwent a cervical fusion, she was no longer in the post-operative phase. In addition, there is a lack of documentation indicating that the patient sustained a new fracture in the cervical spine area. Lastly, the UR decision dated 7/17/14 certified the request for a cervical spine pillow. Therefore, the request for one cervical spine pillow and collar is not medically necessary.