

<b>Case Number:</b>	CM14-0126488		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/21/2005
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2014

### 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 54-year-old female with a 3/21/05 date of injury; the mechanism of the injury was not described. The patient was seen on 02/19/14 with complaints of pain in the neck, wrists, hands, lower back and bilateral knees. The pain was associated with tingling in the hands and feet as well as numbness in the arms, hands, legs and feet. The patient also complained of sharp, electric like pain in the knees, dull and aching pain in the neck and lower back and muscle pain in the back and knees. Exam findings revealed that cervical spine range of motion was: forward flexion 45 degrees, extension 45 degrees and rotation 80 degrees bilaterally. There was tenderness to palpation over cervical paraspinal muscles, left superior trapezius muscle and left levator scapula muscle. Spurling's test was negative and there was a well-healed incision over the cervical region consistent with previous surgery. The diagnosis is cervicalgia and lumbosacral spondylosis without myelopathy. Treatment to date: cervical spine surgery, cervical epidural steroid injections and medications. An adverse determination was received on 7/10/14. The determination letter was not available for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neck 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 and upper Back Chapter, Pillow.

**Decision rationale:** MTUS does not address this issue. ODG recommends use of a neck support pillow while sleeping, in conjunction with daily exercise; either strategy alone did not give clinical benefit. There is a lack of documentation indicating that the patient undergoes a home exercise program or any other daily exercise routine. Therefore, the request for Neck pillow is not medically necessary.