

Case Number:	CM14-0126704		
Date Assigned:	08/13/2014	Date of Injury:	01/11/2011
Decision Date:	09/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 37 year old female who reported an injury on 01/11/2011 from a car accident. The injured worker was diagnosed with displacement of cervical intervertebral disc without myelopathy and cervical spondylosis with myelopathy noted on consultation report dated 07/25/2014. The injured worker was treated with medications and surgery. The injured worker had a CT scan on 01/13/2011 and a MRI on 10/08/2011. On consultation report dated 07/25/2014 it was indicated that the injured worker was scheduled for C5-6 arthroplasty, the medical records did not include the date or the operative report for this procedure. The injured worker had an epidural steroid injection to C5-6 right transforaminal on 04/24/2014. The injured worker complained of severe neck pain with upper extremity numbness and radiating pain to the right side rating it 4-5/10 on average. The injured worker had tenderness to mid cervical spine and the interscapular region on the right, decreased sensation into the right radial forearm, wrist and hand including the thumb and index finger, and a positive Spurling's on the right. The injured worker was prescribed Naproxen, the dosage and frequency of the medication was not included in the medical records provided by the physician. The treatment plan was for the injured worker to be reimbursed for the purchase of a tempur-pedic pillow which the physician indicated in a letter dated 07/28/2014 that she has benefited from it. The request for authorization was submitted for review on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Tempurpedic pillow: 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 & Upper Back, Pillow/ Knee & Leg (DME).

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, Pillow.

Decision rationale: The request for Retro Tempur-pedic pillow is not medically necessary. The injured worker is diagnosed with displacement of cervical intervertebral disc without myelopathy and cervical spondylosis with myelopathy and complaining of neck pain. The ODG guidelines recommend the use of a neck support pillow while sleeping, in conjunction with daily exercise. The ODG guidelines 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. The injured worker's medical records lack documentation of being treated by healthcare professional on therapeutic and appropriate use of the neck pillow. Also, the medical records do not indicate the relief of pain in a quantitative measurement. As such the request for Retro Tempur-pedic pillow is not medically necessary.