

<b>Case Number:</b>	CM14-0021203		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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:

The patient is a 57-year-old female who has submitted a claim for lumbar neuritis, third degree burn at the lumbar area, and depression associated with an industrial injury date of January 20, 2011. Medical records from 2012 to 2013 were reviewed. The patient complained of pain at the low back, left shoulder, and legs. The patient used a rolling seated walker. The progress report from 8/1/2013 cited that there were episodes of giving way of both legs. She had difficulty climbing the stairs and taking a tub bath. A physical examination revealed tenderness at the lumbar and shoulder areas. The patient's gait was antalgic. Treatment to date has included spinal nerve block, cognitive behavioral therapy, and medications. The utilization review from December 2, 2013 denied the request for cervical pillow because there were no subjective complaints or abnormal objective findings pertaining to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL 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 (ODG) Neck and Upper Back Section, Pillow.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG recommends use of a neck support pillow while sleeping, in conjunction with daily exercise. 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. In this case, medical records submitted and reviewed failed to document complaints involving the neck. Likewise, there were no physical examination findings pertaining to the cervical area that may warrant use of a specialized pillow. There was no documented rationale for this request. Therefore, the request for cervical pillow is not medically necessary.