

<b>Case Number:</b>	CM14-0040501		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 female patient with a date of injury of May 4, 2009. A utilization review determination dated February 24, 2014 was not medically necessary of an orthotic pillow for the cervical spine. A progress note dated January 29, 2014 identifies subjective complaints of a pain level of 8/10 without medication and 5/10 with medication. Her area of pain is her right and left neck, her pain is increased with bending and lifting. The patient describes her pain as sharp, dull, and constant. Current medications include ibuprofen 600 mg three times daily and Ultracin 0.025 - 28 four times a day. Physical examination identifies corneal clouding and scarring, multiple facial scars, total loss of vision in the left eye, and decreased vision in the right eye. Diagnoses include cervical strain, status-postindustrial explosion at work, anxiety and depression. The treatment plan recommends an orthotic pillow that may help the patient with her insomnia and in turn decrease her pain symptoms, a TENS unit was requested and was denied, a psychiatrist consult was requested and denied, a request for physical therapy at one time per week for six weeks, refill of ibuprofen, and a refill of Ultracin topical analgesic cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthotic pillow for cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Pillow.

**Decision rationale:** Regarding the request for an orthotic pillow for the cervical spine, California MTUS does not address the issue. ODG recommends the use of a neck support pillow while sleeping, in conjunction with daily exercise, as either strategy alone did not give the desired clinical benefit. Within the documentation available for review, there is no documentation of adherence to a daily independent home exercise program. In the absence of such documentation, the currently requested orthotic pillow for the cervical spine is not medically necessary.