

Case Number:	CM14-0087001		
Date Assigned:	07/23/2014	Date of Injury:	08/13/2013
Decision Date:	09/15/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/10/2014

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 and Rehabilitation 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 injured worker is a 40-year-old female who reported an injury on 08/13/2013. The mechanism of injury was not provided in the medical records. A request for authorization form was submitted on 05/16/2014 for an orthopedic surgeon consultation for her left shoulder, as well as a cervical pillow and orthopedic bed. Her diagnoses were listed as left shoulder pain and cervicgia. No clinical notes with subjective and objective documentation were submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Pillow and an Orthopedic Bed for Cervical and Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN DISORDERS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Mattress selection; Neck & upper back, Pillow.

Decision rationale: The request is non-certified. According to the Official Disability Guidelines there are no high-quality studies to support the purchase of any type of specialized mattress or

bedding as a treatment for back pain. The guidelines also state that use of a neck support pillow may be supported while sleeping when used on conjunction with daily exercise. The clinical information submitted for review failed to provide any clinical notes with subjective or objective findings or past treatments. The request is for a cervical pillow and orthopedic bed for cervical and lumbar support. However, the guidelines do not support any type of bedding or mattress for back pain and the documentation did not indicate that the cervical pillow would be used in conjunction with an exercise program. Therefore, the request is not supported. As such, the request is non-certified.