

Case Number:	CM14-0090634		
Date Assigned:	09/10/2014	Date of Injury:	08/13/2008
Decision Date:	10/24/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopedic surgeon, and is licensed to practice in Arizona. 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 40-year-old female who sustained a work-related injury on 8/13/2008. As a result of the injury, the patient alleges chronic neck pain with radiation into the head causing cervicogenic headaches. The patient has had a failed lumbar spinal fusion in the past and complains of chronic back and leg pain. A request is made for a cervical pillow in order to help the mechanics of the cervical spine and reduce her cervicogenic headaches. There is no indication from the medical record that this patient is on a home based program of active therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Contour Pillow Back for Purchase: 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 & Upper Back

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

Decision rationale: The ODG does recommend a cervical support pillow but only in conjunction with daily exercises since either strategy alone does not give the desired clinical benefit. There is no indication in the record that the patient is or has been on a home based

program of active exercise. Therefore, without this documentation, the medical necessity for a neck support pillow has not been established.