

Case Number:	CM14-0194639		
Date Assigned:	12/02/2014	Date of Injury:	08/06/2007
Decision Date:	01/20/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 6, 2007. In a Utilization Review Report dated October 23, 2014, the claims administrator denied a request for cervical pillow and denied request for eight sessions of physical therapy. The claims administrator stated that its decision was based on MTUS and non-MTUS ODG Guidelines but did not incorporate either guideline into its rationale. The claims administrator's decision was based on an October 6, 2014 progress note. The applicant's attorney subsequently appealed. On July 29, 2014, the applicant reported ongoing complaints of anxiety, depression, insomnia, and tinnitus. The applicant was asked to continue Effexor, Wellbutrin, and Desyrel. In one section of the note, the attending provider stated that the applicant would continue Abilify while in another section it was stated that the applicant would discontinue Abilify. Seroquel was endorsed for alleged psychotic symptoms. On September 30, 2014, the applicant was asked to continue Effexor, Wellbutrin, and Seroquel for issues with depression, anxiety, insomnia, and alleged psychosis. On October 6, 2014, the applicant again reported persistent complaints of neck pain and associated spasms. The applicant was asked to transfer care to a chronic pain physician. The applicant was using Skelaxin, Vicodin, Soma, and Lodine, it was acknowledged. Additional physical therapy was sought. There was no mention of the need for a cervical pillow on this occasion. On August 11, 2014, the applicant was asked to continue physical therapy at a rate of twice a week while employing Lodine, Soma, and Vicodin for pain relief. The applicant's work status was not outlined, although it did not appear that the applicant was working. In a psychological consult dated September 24, 2013, the applicant's psychologist acknowledged that the applicant had not worked since 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine 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 (ODG) Neck Pillow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Third Edition, Cervical and Thoracic Spine Chapter, Sleep Pillows and Posture section.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Cervical and Thoracic Spine Chapter takes the position that there is no recommendation for or against usage of any specific commercial products such as neck pillows as there is no evidence that they have any role in the prevention and/or treatment of acute, subacute, or chronic neck pain, the latter of which is present here. Thus, ACOEM takes the position that pillows and the like are matters of individual applicant preference as opposed to a matter of medical necessity. Therefore, the request is not medically necessary.

Eight sessions of physical therapy for the neck (2 times for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine, and Functional Restoration Approach to Chronic Pain Management Page(s): 99,.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9-10 sessions of treatment for myalgia's and myositis of various body parts, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment and by commentary made on page 48 of the ACOEM Practice Guidelines to the effect that it is incumbent on an attending provider to furnish a prescription for therapy which "clearly states treatment goals." In this case, all evidence on file pointed to the applicant's has responded poorly to earlier physical therapy. The applicant had apparently remained off of work since 2009, despite having had earlier unspecified amounts of physical therapy over the course of the claim. The applicant remained dependent on Lodine, Soma, Vicodin, and various other analgesic and adjuvant medications, all of which taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite prior physical therapy in unspecified amounts over the course of the claim. The attending provider did not outline any clear or compelling goals for further physical therapy, going

forward, contrary to what was suggested in ACOEM Chapter 3, page 48. Therefore, the request is not medically necessary.