

Case Number:	CM14-0199548		
Date Assigned:	12/09/2014	Date of Injury:	12/16/2011
Decision Date:	01/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	11/29/2014

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 Rehab, has a subspecialty in Interventional spine 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 60 year old female with an injury date on 12/06/2011. Based on the 05/09/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical radiculopathy2. Cervical spondylosisAccording to this report, the patient complains of "neck pain and right arm pain and numbness." The patient also complains of bilateral shoulder pain with intermittent radiation into the upper arm. The pain is worsened by neck movement or arm movement at the shoulders. Physical exam of the neck reveals diminished range of motion with pain. The 07/22/2014 QME report indicated the patient has tenderness at the bilateral C6-C7 facet. Myofascial trigger point is noted at the scapular, trapezius, and rhomboid muscle.Treatment to date includes C4-C5, C5-C6, and C6-C7 discectomy and fusion on 12/105/2013, physical therapy, preoperative epidural injection. The treatment plan is to request physical therapy, evaluation with pain management, request X-ray, CT and MRI of the cervical spine. There were no other significant findings noted on this report. The utilization review denied the request for replacement of the cervical pillow every 3 months, Qty.1 but approved 1 cervical pillow on 11/26/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/09/2014 to 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical pillow to be replaced every 3 months, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Comp 2012 on the web (www.odgtreatment.com) and Work Loss Data Institute (www.worklossdata.com) (updated 02/14/12)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter, Pillow.

Decision rationale: According to the 05/09/2014 report, this patient presents with "neck pain and right arm pain and numbness." The current request is for cervical pillow to be replaced every 3 months quantity: 1. The utilization review approved cervical pillow, Qty: 1 but denied the request for the cervical pillow to be replace every 3 month. Regarding cervical pillow, ODG guidelines neck chapter states "Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT 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. (Helewa, 2007)." In this case, the treating physical documents that the patient has neck pain and had cervical discectomy and fusion. ODG guidelines support the use of a cervical pillow; however the request consists of pillow replacement of the every 3 month is not supported by the guidelines. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate suggestions. The request is not medically necessary.