

<b>Case Number:</b>	CM15-0000071		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Emergency Medicine

### 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 45 year old male who sustained an industrial injury on August 15, 2011. The injured worker reported ongoing lower back pain and has been diagnosed with Discogenic neck condition, with disc disease at C3-C4, C5-C6, and C6-C7, thoracic sprain, discogenic lumbar condition with MRI showing spondylolisthesis at L5-S1 and herniation at L4-L5, and chronic pain syndrome. Treatment to date has included medical imaging, trigger point injections with little relief, and medications. Currently the injured worker has had tenderness along the cervical and lumbar paraspinal muscles. The treating physicians treatment plan included pain medications, possible epidural injection of the lumbar spine and cervical traction with air bladder, and a neck pillow. Utilization Review form dated December 4, 2014 non certified 1 prospective request for 1 cervical neck pillow noting the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 cervical 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, Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back

**Decision rationale:** MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines cervical pillows are recommended in conjunction with exercise along with appropriate training from health professional in appropriate use during sleep. There is no documentation of any neck exercises the patient is currently undergoing and there is no documentation of appropriate training noted on progress notes. Documentation fails to meet necessary criteria for recommendation. Cervical pillow is not medically necessary.