

<b>Case Number:</b>	CM15-0009085		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	10/07/2002
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62-year-old female who reported an injury on 10/07/2002. The mechanism of injury was not specifically stated. The current diagnoses include left shoulder internal derangement and cervical spondylosis. The injured worker presented on 12/29/2014. It was noted that the injured worker underwent an MRI over the holidays. The injured worker reported a reduction of pain by 40% with Norco. Upon examination there was decreased cervical rotation and 5-/5 left upper extremity motor strength. Recommendations included a cervical pillow and a refill of Norco. There was no Request for Authorization form 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:** 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)-TWC 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 & Upper Back Chapter, Pillow.

**Decision rationale:** The Official Disability Guidelines recommend the use of a neck support pillow while sleeping, in conjunction with daily exercise. There was no indication that this injured worker is currently participating in daily exercises. The medical necessity for the requested durable medical equipment has not been established in this case. Given the above, the request is not medically appropriate.