

Case Number:	CM15-0101435		
Date Assigned:	06/03/2015	Date of Injury:	08/11/2008
Decision Date:	07/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/27/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 was a year old female, who sustained an industrial injury, August 11, 2008. The injured worker previously received the following treatments Lyrica, Bupropion, Norco, Citalopram, Loratadine, Gabapentin, Cyclobenzaprine, Zolpidem and Metformin. The injured worker was diagnosed with thoracic, lumbosacral neuritis and cervical degenerative disc disease. According to progress note of February 27, 2015, the injured workers chief complaint was neck pain rated at 7-8 out of 10. The injured worker was having bad days and not so bad days. The physical exam noted the injured worker holds the neck stiffly, turning at the waist to look at things rather than the neck. The range of motion of the cervical neck rotation was 45 degrees. The pain radiated into both arms. The treatment plan included a neck brace pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 and upper back - Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation durable medical equipment, ODG.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The equipment itself is not rentable or able to be used by successive patients. The prescribed equipment does not meet the standards of DME per the ODG. Therefore the request is not certified or medically necessary.

Neck brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The ACOEM chapter on neck complaints and braces states: For example, cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual, "preinjury" activities. The patient is past the acute phase of injury and therefore the request is not certified.