

Case Number:	CM15-0102984		
Date Assigned:	06/05/2015	Date of Injury:	03/07/2013
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 7, 2013. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for a cervical pillow. Progress notes and procedure notes of April 20, 2015, April 27, 2015, and March 17, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the sole notes on file stemmed from November and December 2014; thus, the progress note and/or RFA form on which the request was initiated were not seemingly incorporated into the IMR packet. In a Medical-legal Evaluation of November 4, 2014, the applicant reported ongoing complaints of neck pain. The applicant was off work, on total temporary disability, it was acknowledged, and apparently not worked in over a year. Her former employer had terminated the applicant, it was reported. Multifocal complaints of neck, mid back, and shoulder pain were reported. The applicant was using Norco, Motrin, Prilosec, and Lidoderm patches, it was stated.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed Cervical and Thoracic Spine Disorders, pg 79 SLEEP PILLOWS AND SLEEP POSTURE. 2. Recommendation: Neck Pillows for Acute, Subacute, or Chronic Cervicothoracic Pain. There is no recommendation for or against the use of specific commercial products (e. g. , neck pillows) as there is no quality evidence that they have roles in primary prevention or treatment of acute, subacute, or chronic cervicothoracic pain. Strength of Evidence & No Recommendation, Insufficient Evidence (I).

Decision rationale: No, the request for a cervical pillow was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Cervical and Thoracic Spine Disorder Chapter notes on page 79 that there is no recommendation for or against the usage of any specific commercial products such as the neck pillow at issue. Here, the attending provider failed to furnish a compelling rationale for selection of this particular article in the face of the tepid-to-unfavorable ACOEM position on the same; again, the 2015 progress note (s) and/or associated RFA form (s) on which the article in question was proposed were not incorporated into the IMR packet. The historical information on file, moreover, failed to support or substantiate the request. Therefore, the request was not medically necessary.