

Case Number:	CM15-0103084		
Date Assigned:	06/05/2015	Date of Injury:	02/03/2004
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 64 year old female with a February 3, 2004 date of injury. A progress note dated April 17, 2015 documents subjective findings (pain across the neck and shoulders; pain is relatively unchanged; not sleeping well), objective findings (tenderness across the cervical paraspinal muscles bilaterally, abduction about 160 degrees bilaterally; pain with facet loading, and pain along the facets at C3 through C6 bilaterally), and current diagnoses (bilateral shoulder impingement with tendinopathy and acromioclavicular joint arthritis; cervical sprain/strain with a radicular component down her upper extremities). Treatments to date have included medications, electromyogram (August 7, 2009; showed bilateral C3 through C8 nerve root impingement), and acupuncture. The treating physician documented a plan of care that included a cervical pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Pillow QTY: 1: 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 & Upper Back (Acute & Chronic): Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Cervical pillow.

Decision rationale: Pursuant to the Official Disability Guidelines, cervical pillow #1 is not medically necessary. The guidelines recommend use of a neck support pillow while sleeping in conjunction with daily exercise. 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. In this case, the injured worker's working diagnoses are bilateral shoulder impingement with tendinopathy and AC joint arthritis; cervical sprain strain with radicular complement down upper extremities. Subjectively, according to an April 17, 2015 progress note, the injured worker was approved acupuncture. Her pain is relatively unchanged. She returns for monthly refills for medications. She complains of pain across the neck and shoulders. Objectively, there is tenderness across the cervical paraspinal muscles bilaterally. There is pain with facet loading and pain along the facets C3 through C6 bilaterally. There is no documentation of ongoing physical therapy. The injured worker receives monthly Norco and a cervical traction, cervical pillow and hot and cold applications or requested. There is no clinical indication for cervical pillow. There is no clinical rationale for cervical pillow. Cervical pillows are indicated in conjunction with daily exercises. There is no documentation of ongoing daily exercises in the medical record. Consequently, absent clinical documentation with the clinical indication and rationale for the cervical pillow (DME) and documentation of ongoing daily exercise (of the cervical spine) to be used in conjunction with a cervical pillow, cervical pillow #1 is not medically necessary.