

Case Number:	CM15-0203008		
Date Assigned:	10/19/2015	Date of Injury:	07/27/2015
Decision Date:	12/07/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/15/2015

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: 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 34-year-old who has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of July 27, 2015. In a Utilization Review report dated September 27, 2015, the claims administrator failed to approve a request for a cervical spine pillow. The claims administrator referenced office visits of August 28, 2015 and September 16, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 6, 2015, x-rays of the cervical spine, x-rays of the bilateral wrists, x-rays of the lumbar spine, and x-rays of the bilateral knees were all sought, in conjunction with bilateral wrist braces and a cervical pillow. On September 25, 2015, the applicant reported multifocal complaints of neck, low back, bilateral wrist, and bilateral knee pain with derivative complaints of psychological stress. Work restrictions and a psychology consultation were endorsed. It was not clearly stated whether the applicant was or was not working, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine pillow: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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, page 79.

Decision rationale: No, the request for a cervical spine 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 Disorders Chapter notes that there is no recommendation for or against usage of specific commercial products such as the cervical pillow at issue as there is no quality evidence that such devices play a role in the prevention or treatment of subacute neck pain, as was seemingly present on or around the date in question. The attending provider failed to furnish a clear or compelling rationale for the device at issue in the face of the seemingly tepid-to-unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.