

Case Number:	CM15-0204055		
Date Assigned:	11/10/2015	Date of Injury:	05/11/2015
Decision Date:	12/29/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/16/2015

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, Hawaii
 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 61 year old female who sustained an industrial injury on 5-11-15. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported cervical spine pain, left shoulder pain and sleep disturbance. A review of the medical records indicates that the injured worker is undergoing treatments for left shoulder strain sprain, cervical spine strain sprain with multilevel degenerative disc disease, cervicogenic headaches. Medical records dated 9-1-15 indicate pain rated at 3-4 out of 10. Provider documentation dated 9-1-15 noted the work status as temporary totally disabled. Treatment has included physical therapy, ice application, Motrin since at least May of 2015, and Flexeril since at least May of 2015. Objective findings dated 9-1-15 were notable for "no change Physical Exam since last visit 7-27-15". Objective findings dated 6-19-15 were notable for pain upon palpation with positive muscle tightness. The original utilization review (9-15-15) denied a request for a Cervical Neck Pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Neck Pillow: Overturned

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 Procedures Summary- Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Neck Chapter, Pillow.

Decision rationale: The patient presents with recent complaints of cervical spine pain, left shoulder pain and sleep disturbance. The current request is for Cervical Neck Pillow. The treating physician states in the treating report dated 9/1/15 (46B), "Patient to start chiro treatment for C/S, T/S and left shoulder. Referral to internal medicine and psych evaluation for depression, anxiety, stress, sleep disturbance, requesting cervical neck pillow." MTUS guidelines do not address cervical pillows. The ODG Guidelines simply state, "Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise." In this case, the patient is currently prescribed chiropractic care 2-3 times per week for 2 weeks. Additionally, the treating physician feels that a cervical support pillow is necessary. Finally, in the medical records provided there is no documentation of the patient previously receiving a cervical pillow. The current request is medically necessary.