

Case Number:	CM15-0027990		
Date Assigned:	02/20/2015	Date of Injury:	05/09/2009
Decision Date:	04/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 51 year old female, who sustained an industrial injury on May 9, 2009. The injured worker had reported a head, neck, back, left knee and right shoulder injury. The diagnoses have included impingement syndrome of the right shoulder, status post right shoulder rotator cuff tear repair IBN 2013, internal derangement of the left knee, chronic pain syndrome and discogenic lumbar condition. Treatment to date has included medications, MRI, x-rays, a knee brace and a hot and cold wrap. Current documentation dated January 13, 2015 notes that the injured worker complained of numbness of the hands and instability of the left knee. Physical examination of the right shoulder revealed a decreased range of motion. The injured worker was noted to have sleeping issues, stress and depression. A cervical x-ray revealed an articular surface on the left. On February 6, 2015 Utilization Review non-certified a request for a cervical pillow. The Official Disability Guidelines were cited. On February 13, 2015, the injured worker submitted an application for IMR for review of 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: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pillow), <http://www.worklossdatainstitute.verioiponly.com/odgtwc/neck.htm>.

Decision rationale: According to ODG guidelines, pillow is "Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise." This RCT concluded that 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. (Helewa 2007). There is no documentation that the cervical pillow is prescribed in conjunction with daily exercise. In addition, the patient's cervical spine has been permanent and stationary since 2011. Therefore, the prescribed cervical pillow is not medically necessary.