

Case Number:	CM15-0029082		
Date Assigned:	02/23/2015	Date of Injury:	05/25/2000
Decision Date:	03/31/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/17/2015

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

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 70 year old male, who sustained an industrial injury on 5/25/2000. He reports a neck and shoulder injury lifting a heavy ream of paper. Diagnoses include post laminectomy cervical syndrome, shoulder pain and cervical pain. Treatments to date include anterior cervical fusion and shoulder surgery, physical therapy and medication management. A progress note from the treating provider dated 1/29/2015 indicates the injured worker reported chronic neck and left shoulder pain. On 2/4/2015, Utilization Review non-certified the request for cervical neck pillow and medial branch block at left cervical 5-7, citing ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical neck pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pillow, page 626

Decision rationale: Although MTUS, ACOEM Guidelines do not specifically address or have recommendations for this DME, other guidelines such as ODG and Aetna's contractual definition of durable medical equipment (DME) in that they are not durable and because they are not primarily medical in nature and not mainly used in the treatment of disease or injury. It further states Cushions may be covered if it is an integral part of, or a medically necessary accessory to, covered DME such as seat cushions for required wheelchairs in prevention of decubiti. Regarding sleeping pillows (ergonomic pillows, orthopedic pillows, orthopedic foam wedges) (e.g., Accu-Back Ergonomic Sleeping Pillow, Core Pillow, Mediflow Waterbase Pillow), a number of specialized pillows and cushions have been used for cushioning and positioning in the treatment of decubiti, burns, musculoskeletal injuries and other medical conditions. Aetna does not generally cover pillows and cushions, regardless of medical necessity, because they do not meet Aetna's definition of covered durable medical equipment, in that pillows and cushions are not made to withstand prolonged use. In addition, most pillows and cushions are not primarily medical in nature, and are normally of use to persons who do not have a disease or injury. ODG states the cervical pillow may be appropriate in conjunction with daily exercise and should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep as either strategy alone did not give the desired clinical benefit. Submitted reports have not demonstrated support for this DME per above references. The Cervical Neck Pillow is not medically necessary and appropriate.

Medial branch block at left C5, C6 and C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, page 174.

Decision rationale: Guidelines clearly do not support facet blocks for acute, subacute, or chronic cervical pain and note there is only moderate evidence that intra-articular facet injections are beneficial for short-term improvement and limited for long-term improvement. Conclusions drawn were that intra-articular steroid injections of the facets have very little efficacy in patients and needs additional studies. There is no report for electrodiagnostic studies, MRI reports, or clinical findings to suggest facet arthropathy for this chronic injury with ongoing pain and unchanged functional status from previous treatments without change in medication profile or functional status. Submitted reports have no indication for failed conservative trial for diagnoses s/p surgery, nor were there any clinical findings suggestive of facet arthrosis. Criteria per Guidelines have not been met. The Medial branch block at left C5, C6 and C7 is not medically necessary and appropriate.