

Case Number:	CM15-0030299		
Date Assigned:	02/23/2015	Date of Injury:	10/01/2006
Decision Date:	08/10/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year-old female with an industrial injury dated 10/01/2006. Her diagnoses included complex regional pain syndrome and thoracic outlet syndrome. Co-morbid diagnoses included hypertension and migraines. Prior treatment included physical therapy, spinal cord stimulator and medications. She presented on 01/08/2015 with symptoms unchanged. Physical exam noted tenderness of medial and lateral elbow. The treatment plan included bilateral wrist brace, cervical spine pillow and medications. The request for bilateral wrist brace was authorized (not listed on application). The treatment request for review is cervical spine pillow.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 11/18/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Supports and Pillows.

Decision rationale: The claimant has a remote history of her work injury occurring in October 2006 and continues to be treated for chronic pain. Diagnoses include thoracic outlet syndrome and treatments have included a spinal cord stimulator, physical therapy, and medications. When seen, there was slight right upper extremity swelling with medial and lateral elbow tenderness. There was proximal forearm and wrist tenderness. Tinel and Finkelstein's testing was negative. Authorization for a cervical pillow was requested. Guidelines recommend use of a neck support while sleeping in conjunction with daily exercise in the treatment of chronic neck pain. In this case, when seen, there were no complaints of neck pain or physical examination of the cervical spine. The claimant was being treated for chronic right upper extremity pain. The request was not medically necessary.