

Case Number:	CM14-0123022		
Date Assigned:	08/06/2014	Date of Injury:	07/08/2013
Decision Date:	10/15/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 year old female with date of injury 7/8/13. The treating physician report dated 4/28/14 indicates that the patient presents with constant moderate sharp neck pain, stiffness, heaviness and weakness, aggravated by prolonged driving and prolonged reaching. Additionally the patient has pain affecting the shoulders, wrists, elbows and hands. The physical examination findings reveal cervical flexion 25/50, extension 30/60 and rotation of 42/80. MRI of cervical spine dated 1/18/14 reveals straightening of the cervical spine, C3/4, C4/5 and C6/7 disc protrusion. The current diagnoses are: 1.Cervical disc protrusion2.Cervical s/s3.Right shoulder s/s4.Carpal tunnel syndrome5.Wrist sprain6.Elbow s/s7.Hand s/sThe utilization review report dated 7/1/14 denied the request for a cervical pillow based on the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical 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 Neck & Upper Back

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

Decision rationale: The patient presents with chronic neck pain with multi-level disc protrusion and straightening of the cervical lordosis. The current request is for a cervical pillow. In review of the medical records provided there is no documentation of the patient previously receiving a cervical pillow. The 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 physiotherapy 1x6, the treating physician feels that a cervical support pillow is necessary and the MRI shows straightening of the cervical lordosis. The current request is recommended for authorization.