

<b>Case Number:</b>	CM14-0127509		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	07/26/2002
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Occupational Medicine 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 53-year-old female who has submitted a claim for right complex regional pain syndrome, bilateral medial and lateral epicondylitis with bilateral cubital tunnel syndrome, cervical spine sprain or strain and spondylosis, and bilateral shoulder sprain or strain; associated with an industrial injury date of 07/26/2002. Medical records from 2014 were reviewed and showed that patient complained of continued daily right wrist and hand numbness and tingling with radicular symptoms, and neck pain. Physical examination showed tenderness over the bilateral medial and lateral epicondyles. Decreased range of motion of the cervical spine, right wrist, and right and left elbows was noted. Tinel's and Phalen's tests were positive bilaterally. Cozen's and reverse Cozen's tests were positive bilaterally. Sensation was decreased along the median and ulnar nerve distributions. Treatment to date has included medications, physical therapy, interferential unit and carpal tunnel release (2003). Utilization review, dated 08/08/2014, denied the request for cervical spine pillow because there was no indication that the patient has dysfunction of the cervical spine, and there was no clear rationale for the request; and denied the request for interferential unit supplies because there was limited documentation of positive response as well as functional improvement from prior interferential unit use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of 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)

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

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Neck Chapter was used instead. Guidelines state that neck support pillows are recommended for use while sleeping, in conjunction with daily exercise. An 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. In this case, the patient complains of neck pain. Physical examination showed decrease in range of motion of the cervical spine. However, the medical records provided for review do not indicate a cervical spine pathology for which a cervical spine pillow is indicated. Moreover, there is no discussion regarding the use of the requested pillow with daily exercise. Therefore, the request for Cervical Spine Pillow is not medically necessary.

**Purchase of home interferential unit supplies for 3 months (re-supply of batteries):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** Page 118-120 of CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial of the interferential (IF) unit may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications or due to side effects, in patients with a history of substance abuse, in the presence of significant pain from postoperative conditions limiting the ability to perform exercise programs/physical therapy treatment, or if the condition is unresponsive to conservative measures. In this case, the patient has been using an IF unit since at least July 2014. However, the medical records submitted for review failed to show objective evidence of functional improvement derived from its use to warrant purchase of additional batteries. Therefore, the request for purchase of home interferential unit supplies for 3 months (re-supply of batteries) is not medically necessary.