MAXIMUS Federal Services

Case Number:	CM15-0043069		
Date Assigned:	03/13/2015	Date of Injury:	04/19/1990
Decision Date:	04/22/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/06/2015

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: Family Practice

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 56 year old female, who sustained an industrial injury on 4/19/1990. The mechanism of injury was not provided for review. The injured worker was diagnosed as having right shoulder sprain/strain and status post lumbar spine surgery x 3. Treatment to date has included surgery, physical therapy, pain pump, spinal stimulator and medication management. Currently, a progress note from the treating provider dated 2/3/2015 indicates the injured worker reported low back pain, with bilateral lower extremity pain and numbness, incontinence and progressive muscle weakness. The medical records indicate complaints of cervical spine pain and objective findings of tenderness.

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 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, Neck and Upper Back Chapter, Pillow.

Decision rationale: The Official Disability Guidelines recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. In this case, the medical records indicate complaints of cervical spine pain associated with tenderness on clinical examination. The request for a cervical pillow to allow for neck support while sleeping is supported. The request for cervical pillow is medically necessary.