

Case Number:	CM15-0065400		
Date Assigned:	04/13/2015	Date of Injury:	12/22/2014
Decision Date:	05/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/07/2015

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: Emergency Medicine

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 55 year old female, who sustained an industrial injury on 12/22/2014 reporting continuous trauma noted as harassed, psyche, head, both shoulders and anxiety during the course of performing her normal job duties. On provider visit dated 02/06/2015 the injured worker has reported occasional temporal head and shoulder pain, intermittent neck pain and ongoing upper back pain. Visual inspection was noted as well developed, no other remarks were noted. The diagnoses have included cervical sprain, thoracic sprain, cervicocranial syndrome, headache, interstitial myositis, generalized anxiety disorder and insomnia. Treatment to date has included medication, laboratory studies, physiotherapy, chiropractic treatment and acupuncture. The provider requested Retrospective Cervical Pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cervical Pillow: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Neck and Upper Back, Pillows.

Decision rationale: Note states that Cervical pillow was ordered for neck pain to “maintain proper alignment” and pain management. Plan is for physical therapy and home exercise. MTUS Chronic pain and ACOEM guidelines do not have applicable sections related to this issue. Official Disability Guide (ODG) recommends neck support pillow in conjunction with exercise. Provider has documented plan for physical therapy and home exercise plan. Pain may improve with pillow. Cervical Pillow is medically necessary.