

Case Number:	CM15-0099096		
Date Assigned:	06/01/2015	Date of Injury:	07/30/1998
Decision Date:	07/07/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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 64 year old female, ([REDACTED]), who reported an industrial injury on 7/30/1998. Her diagnoses, and/or impressions, are noted to include lumbar/lumbosacral disc degeneration; lumbago; cervico-brachial syndrome; and chronic pain syndrome. No current imaging studies are noted. Her treatments have included medication management and rest from work. The progress notes of 3/18/2015 reported a follow-up visit with complaints of unchanged, moderate-severe pain with pins-n-needles and burning to the right side of her head/neck, right arm, and right upper-mid back, relieved by medications; headaches and numbness; and poor quality of sleep due to pain. The objective findings were noted to include fatigue; headache and numbness; right upper extremity sensory deficits; compliance to prescribed medications with no aberrant behavior; her request for more interventional and aggressive treatments, requesting injection therapy; and that she is not working. The physician's requests for treatments were noted to include an orthopedic cervical pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic cervical 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-TWC), Neck and Upper Back Chapter.

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: Regarding the request for CERVICAL PILLOW, California MTUS does not address the issue. ODG recommends the use of a neck support pillow while sleeping, in conjunction with daily exercise, as either strategy alone did not give the desired clinical benefit. Within the documentation available for review, there is no documentation of adherence to a daily independent home exercise program. In the absence of such documentation, the currently requested CERVICAL PILLOW is not medically necessary.