

Case Number:	CM13-0021579		
Date Assigned:	12/11/2013	Date of Injury:	10/21/1975
Decision Date:	01/21/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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 64-year-old female who reported an injury on 10/21/1975. The mechanism of injury was not documented. According to the progress note dated 05/10/2013, the patient was being seen for increased low back pain that becomes worse with walking. The patient was noted as having a kidney transplant on 04/29/2013. On examination, the patient had increased tenderness to palpation of the lumbar spine with muscle spasms. Her lumbar spine range of motion was limited although it did not provide objective measurements regarding the ROM. The patient was diagnosed with a cervical spine herniated nucleus pulposus and lumbar spine radiculopathy. The physician is now requesting a lumbar pillow, a Tempur-Pedic mattress and a wheeled seated walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine found at <http://www.ncbi.nlm.nih.gov/pubmed/6237373>.

Decision rationale: The California MTUS, ACOEM and ODG do not address lumbar pillows. An outside source has been referred to in this case. It is noted as pubmed.gov, which is a website online that describes a quantitative description of 2 sitting postures, with and without a lumbar support pillow. It describes how the study investigated changes in angular position of the forearm, upper arm, pelvis, trunk, neck and head during relaxed sitting with and without a lumbar support pillow. The patient has been treated for chronic lumbar pain and has tried and failed different modalities over the years. However, as this request is unsupported under the current guidelines due to this item being considered a matter of convenience and not medical necessity, the request for a lumbar support pillow is non-certified.

Tempurpedic mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Mattress selection

Decision rationale: The California MTUS and ACOEM both do not address mattresses in general. Therefore, the Official Disability Guidelines have been referred to in this case. Under the ODG, it states that there are no high quality studies to support the purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. The patient has been treated for chronic back pain for several years; however, the requested service is considered an item of convenience, and is not covered under guideline criteria. As such the requested service is not considered medically necessary and is non-certified.

wheeled seated walker: 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), Knee Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Walking Aids

Decision rationale: The ODG state that frames or wheeled walkers are preferable for patients with bilateral disease, such as osteoarthritis, and for patients who have difficulty ambulating without assistive devices in general. The documentation dated 05/10/2013 indicated that the patient had chronic pain in her lower back that was increased with walking. However, there was nothing in the documentation indicating that the patient has any difficulty with ambulating in general. As such, the requested service does not meet guideline criteria for walking aids and is non-certified.

