

<b>Case Number:</b>	CM13-0035053		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Family Practice 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 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 30 year old female who reported a work related injury on 11/06/2012, the mechanism of injury is a result of strain to the lumbar spine. The patient presented for treatment of the following diagnosis: lumbar sprain/strain. The clinical note dated 09/13/2013 reports the patient was seen under the care of [REDACTED]. The patient presented with complaints of continued chronic upper and low back pain. The provider documented the patient utilizes the following medication regimen: cyclobenzaprine, Protonix, capsaicin cream, Lidoderm patch, and tramadol HCL as well as Ambien. The provider documented MRIs of the patient's lumbar spine, as well as thoracic spine, were noted as normal. Upon physical exam of the patient the provider documented tenderness upon palpation of the lumbosacral junction, with muscle tension extending up into the mid back region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Pillow- Purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2386832>, Lumbar Support Pillow.

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence a specific rationale for the requested lumbar pillow purchase. Official Disability Guidelines indicate the term DME is defined as equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. Given the lack of documentation evidencing the specific rationale for the requested intervention at this point in the patient's treatment, the request for lumbar pillow purchase is not medically necessary or appropriate.