

<b>Case Number:</b>	CM13-0049196		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/20/1999
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 and Rehabilitation, and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 2/20/99. The mechanism of injury was a fall. The initial course of treatment included x-rays, medications, and activity modification. An unofficial MRI report of the lumbar spine stated that the patient had two discs out of place and torn ligaments of the bilateral shoulders. He also received electrodiagnostic testing with no results discussed. He did receive two surgeries to his bilateral shoulders with postoperative physical therapy ordered; he only completed two sessions of the therapy as it was too painful. He did receive vocational training and rehabilitation for four weeks, and was declared permanent and stationary in 2001; the patient has not returned to work since. Psychological problems started to develop in 2001. The most recent clinical note available for review was dated 10/4/13, which revealed that the patient had lumbar flexion of 55 degrees, extension of 20 degrees, right side bending of 20 degrees, and left side bending of 20 degrees. There was also tightness in the lumbar paraspinal musculature; no muscle strength, sensation, or reflex testing was performed. The patient had subjective complaints of upper and lower back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**cervical spine 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS/ACOEM Guidelines do not specifically address the use of a cervical pillow; therefore, the Official Disability Guidelines were supplemented. The ODG states that a cervical/neck support pillow while sleeping is only useful in conjunction with daily exercise. Individuals with chronic neck pain should be treated by health professionals to teach both exercises and appropriate use of a support pillow, as either strategy alone will not give the desired clinical benefit. The clinical information submitted for review did not provide documentation of anticipated physical therapy to accompany the use of a cervical pillow. As the guidelines state the pillow alone provides no significant benefit, the request for the cervical spine pillow is non-certified.

**LSO brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS/ACOEM Guidelines do not recommend lumbar supports for the treatment of low back disorders. Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As the patient is in the chronic phase of his injury and has not returned to work, there is not enough objective evidence to support the need for a lumbar brace. As such, the request for an LSO brace is non-certified.