

<b>Case Number:</b>	CM13-0056219		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	09/16/1993
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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 63-year-old male with a September 16, 1993 date of injury, who has submitted a claim for a herniated lumbar disk. The utilization review from November 15, 2013 denied the request for a knee pillow, due to no guideline support for a knee pillow. The treatment to date has included physical therapy, TENS unit, and oral pain medications. The medical records from 2013 were reviewed showing the patient complaining of chronic low back pain with radicular symptoms. The pain is rated a 6/10. The patient is able to work as a custodian. The patient has a knee pillow, but it has deteriorated and is now asking for a replacement as it helps him sleep better at night. On examination, there is a little restriction with lumbar extension due to pain. Motor, sensory, and reflexes were all normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) KNEE 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 EXPERT OPINION AND STANDARD MEDICAL PRACTICE.

**Decision rationale:** California MTUS does not address knee pillows. The Official Disability Guidelines do not address knee pillows either. Current peer-reviewed scientific and medical literature failed to provide meaningful data concerning the knee pillow. Nationally recognized professional standards do not address the use of a knee pillow. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, expert opinion and standard medical practice was used instead. In this case, the patient is noted to have chronic low back pain. The patient has been using a knee pillow previously. However, there are no guidelines that address the use of a knee pillow. It is unclear why the patient cannot use a regular pillow instead as it provides the same amount of support. Therefore, the request for the knee pillow is not medically necessary.