

Case Number:	CM13-0062626		
Date Assigned:	12/30/2013	Date of Injury:	09/17/2008
Decision Date:	05/27/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in 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 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 injured worker is a 55-year-old male who reported an injury on 07/28/2008 after he was trying to catch a piece of metal that caused a sudden onset of neck pain radiating into the left upper extremity. The injured worker's treatment history included physical therapy, a TENS unit, carpal tunnel release, psychiatric support, and multiple medications. The injured worker was evaluated on 11/05/2013. It was documented that he had 9/10 pain in his low back radiating into his left lower extremity and neck pain radiating into the bilateral shoulder. Physical examination findings documented that there were no changes in the cervical spine or lumbar spine. An objective functional assessment was not provided. The injured worker's diagnoses included low back pain with radicular symptoms and cervical strain with trapezius strain. The injured worker's treatment plan included continuation of physical therapy and the use of a wedge pillow to assist with low back pain while sleeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEDGE PILLOW FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee And Leg (updated 6/17/13) Durable Medical Equipment (DME).

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

Decision rationale: The requested wedge pillow for purchase is not medically necessary and appropriate. The California Medical Treatment and Utilization Schedule do not address this request. The Official Disability Guidelines, Neck and Upper Back Chapter, recommends the use of a pillow to assist with alleviation of pain that disrupts sleep in conjunction with physical exercise. Although the request is for lumbar pain, the same principles would apply. The clinical documentation does not indicate that the pillow is being ordered to alleviate pain causing discomfort during the night disrupting the injured worker's sleep patterns. Additionally, it is not documented that the injured worker is participating in active therapy. The injured worker's more recent office visit does not include an adequate assessment of functional deficits of the lumbar spine that would necessitate treatment. Therefore, the use of a wedge pillow for purchase to assist with alleviation of pain would not be appropriate. As such, the requested Wedge Pillow for purchase is not medically necessary and appropriate.