

Case Number:	CM14-0003904		
Date Assigned:	02/03/2014	Date of Injury:	12/18/2011
Decision Date:	06/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 Maryland. 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 52 year old male with a date of work injury 12/18/11. The diagnoses include degeneration of thoracic or thoracolumbar intervertebral disc and status post thoracic discectomy and fusion. There are requests for the medical necessity of a Doctors Choice Therapeutic Sleep System "The Angle" pillow, "The Knee T" pillow, and the Cervical confourm pillow to help back and neck pain from thoracic condition, Sleep Number bed for back pain relief, Extension of home health aid until 12/20/2013 and a an MRI thoracic with gadolinium. A 12/5/13 office visit revealed that the patinet had continued pain and weakness in right lower extremity. On physical examination the back has normal contour and is non-tender throughout. The range of motion is normal . There is weakness right calf muscle with atrophy of gastrocnemius. Sensation to light touch is intact and equal bilaterally. The reflexes show that there is a negative Babinski's sign, negative Hoffman's sign, no clonus. He is able to walk but has difficulty with toe walking. There is a negative straight leg raise. The treatment plan includes Doctors Choice Therapeutic Sleep System "The Angle" pillow, "The Knee T" pillow, and the Cervical confourm pillow to help back and neck pain from thoracic condition, Sleep Number bed for back pain relief, Heating pad: Instant Calmer, Extension of home health aid until 12/20/2013 and a an MRI thoracic with gadolinium to evaluate thoracic decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE DOCTORS CHOICE THERAPEUTIC SLEEP SYSTEM "THE ANGLE 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 (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck-pillow

Decision rationale: One Doctor's Choice Therapeutic Sleep System, "The Angle Pillow" is not medically necessary. The MTUS guidelines do not address this issue. The ODG recommends use of a neck support pillow while sleeping, in conjunction with daily exercise.. The documentation does not indicate that the patient is performing an exercise program. The documentation does not support the need for a specialized pillow and therefore One Doctor's Choice Therapeutic Sleep System, "The Angle Pillow" is not medically necessary.

ONE KNEE T 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 (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck-pillow

Decision rationale: One Knee T Pillow is not medically necessary. The MTUS guidelines do not address the issues. The ODG recommends use of a neck support pillow while sleeping, in conjunction with daily exercise. There are no guidelines that could be found to support the use of a knee pillow in the management of back pain. The documentation does not indicate that the patient is performing an exercise program. The documentation does not support the need for a specialized pillow. The request for one knee T Pillow is not medically necessary.

ONE CERVICAL CONFORM 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 (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck- pillow

Decision rationale: One cervical conform pillow is not medically necessary. The MTUS guidelines do not address the issues. The ODG recommends use of a neck support pillow while sleeping, in conjunction with daily exercise. The documentation does not indicate that the patient is performing an exercise program. The documentation does not support the need for a specialized pillow. The request for one cervical conform pillow is not medically necessary.

ONE SLEEP NUMBER BED: 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), Neck and Upper Back (Acute & Chronic).

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-mattress selection

Decision rationale: One sleep number bed is not medically necessary. The MTUS guidelines do not address this issue. The ODG states that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for back pain. The documentation does not support the medical necessity of a specialized bed. The request for one sleep number bed is not medically necessary.

ONE EXTENSION OF HOME HEALTH AID UNTIL 12/20/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual (Rev.144, 05-06-11), Chapter 7, Home Health Services, Section 50.2(Home Health Aide Services).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: One extension of home health services until 12/20/13 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation does not indicate that the patient is homebound. The MTUS guidelines do not support home health services to assist with homemaker services. The documentation indicates that home health could help patient throughout the day with activities of daily living in order to prevent aggravation of the surgery area. The request for home health services until 12/20/13 is not medically necessary.

ONE MRI OF THE THORACIC WALL WITH GADOLINIUM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: MRI of the thoracic wall with gadolinium is not medically necessary. Per documentation the patient had a prior thoracic MRI on 7/30/13. The documentation does not indicate there is a significant change or red flag to perform a repeat MRI. The request for MRI of the thoracic wall with gadolinium is not medically necessary.