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| Case Number: | CM14-0106401 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 01/23/2008 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 07/07/2014 |
| Priority: | Standard | Application Received: | 07/09/2014 |

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 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 injured worker is a 58-year-old male who was reportedly injured on 01/23/2006. The mechanism of injury is reported as a fall while performing the usual and customary duties of his occupation. He reports he was working on a traffic signal and fell out of the basket that he was in, injuring his back. The last progress report dated 06/23/2014 noted the injured worker continuing with lower back pain with radiation along posterior aspects of lower extremities to the bottoms of the feet. Medications include methadone and fentanyl patches. No abnormalities observed on gait. A request made for the Original Back-Hugger by Bodyline Comfort Systems was denied in the pre-authorization process on 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Original Back-Hugger by Bodyline Comfort Systems: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Durable Medical Equipment Guidelines (DME) - "Back-Hugger"

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna, Clinical Policy Bulletin: Pillows and Cushions, Number: 0456

Decision rationale: Neither ACOEM nor ODG describe the utility of simple chair back lumbar support cushions, although these devices are commonly used. Aetna does not cover most therapeutic pillows and cushions because they do not meet Aetna's contractual definition of durable medical equipment (DME) in that they are not durable and because they are not primarily medical in nature and not mainly used in the treatment of disease or injury. The Aetna Clinical Policy Bulletin: Pillows and Cushions, Number 0456 lists the requested DME, the Original Back-Hugger by Bodyline Comfort Systems, in its example of devices that are not considered a covered expense. The request is therefore, not medically necessary.