

<b>Case Number:</b>	CM14-0010330		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/02/1994
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Neurology 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 67 year old female who reported an injury to her low back. The previous utilization review dated 12/23/13 resulted in a denial for a coccyx pillow as the available medical records do not support the use of coccyx pillows. The therapy note dated 05/21/13 indicates the injured worker complaining of neck pain. The injured worker rated the pain as 7/10. Range of motion reductions were identified throughout the cervical spine. The clinical note dated 04/22/13 indicates the injured worker having undergone an MRI of the lumbar spine which revealed neuroforaminal stenosis at L4-5 due to a herniated nucleus pulposus and a right sided L3-4 neuroforaminal stenosis. There was an indication the injured worker has previously undergone a laminectomy in 1994.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COCCYX 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 Official Disability Guidelines (ODG) Knee and Leg Chapter, Durable Medical Equipment. (for example Knee), (for example Total Knee Arthroplasty).

**Decision rationale:** The request for a coccyx pillow is non-certified. The documentation indicates the injured worker complaining of ongoing low back pain despite a surgical intervention in the remote past. No high quality studies currently exist supporting the use of coccyx pillows. Given that no high quality studies have been published in peer reviewed literature supporting the safety and efficacy of the use of coccyx pillows, this request is not indicated as medically necessary.