

<b>Case Number:</b>	CM14-0174867		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 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:

According to the records made available for review, this is a 49-year-old male with a 10/3/13 date of injury. At the time (9/23/14) of request for authorization for cervical pillow and lumbar pillow, there is documentation of subjective (low back pain radiating to left gluteal as well as posterior left leg with numbness) and objective (decreased sensation over L5-S1 dermatome, decreased strength over left extensor hallucis longus, and positive straight left leg raise) findings. The current diagnoses are lumbar herniated nucleus pulposus and cervical strain. The treatment to date includes chiropractic treatment and medications. Medical reports identify a request for cervical pillow to help during sleep and lumbar pillow to help during driving. Regarding cervical pillow, there is no documentation of cervical pillow to be used in conjunction with daily exercise. Regarding lumbar pillow, there is no documentation of compression fractures, spondylolisthesis, or documented instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical 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, Neck and Upper Back

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

**Decision rationale:** MTUS does not address this issue. Official Disability Guidelines identifies documentation that the neck support pillow will be used while sleeping, in conjunction with daily exercise, as criteria necessary to support the medical necessity of cervical pillow. Within the medical information available for review, there is documentation of diagnoses of lumbar herniated nucleus pulposus and cervical strain. However, despite documentation of a request for cervical pillow to help during sleep, there is no documentation of cervical pillow to be used in conjunction with daily exercise. Therefore, based on guidelines and a review of the evidence, the request for cervical pillow is not medically necessary.

**Lumbar pillow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support

**Decision rationale:** MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. Official Disability Guidelines identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of lumbar herniated nucleus pulposus and cervical strain. However, despite documentation of a request for lumbar pillow to help during driving, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for lumbar pillow is not medically necessary.