

Case Number:	CM14-0175622		
Date Assigned:	10/28/2014	Date of Injury:	02/17/2009
Decision Date:	12/12/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/23/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 54-year-old female with a 2/17/09 date of injury. According to a progress report dated 9/19/14, the patient reported constant pain in the cervical spine that is aggravated by repetitive motions of the neck and working at or above the shoulder level. There is radiation of pain into the upper extremities. There are associated headaches as well as tension between the shoulder blades. The pain was rated as an 8. Objective findings: palpable paravertebral muscle tenderness with spasm, limited cervical spine range of motion with pain, tingling and numbness into the lateral forearm and hand. Diagnostic impression: cervicgia. Treatment to date: medication management, activity modification. A UR decision dated 10/6/14 denied the requests for flow pillow and [REDACTED] massager. Regarding flow pillow, there is no clear rationale for the request. There is limited documentation to support that the claimant has difficulty sleeping due to pain and symptoms in the neck. Regarding [REDACTED] massager, this is a device that offers hands free percussion massage. There is no clear rationale for this request. Also, it is unclear whether the claimant has tried a [REDACTED] massager in a clinical setting resulting in measurable functional improvement to support consideration of this DME request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flow Pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary last updated 08/04/2014 regarding: neck support pillow

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: CA MTUS does not address this issue. ODG recommends use of a neck support pillow while sleeping, in conjunction with daily exercise; either strategy alone did not give clinical benefit. However, in the present case, there is no documentation that this patient is having difficulty sleeping. In addition, there is no documentation that the requested pillow will be used in addition to daily exercise. A specific rationale as to why a specialized pillow is required in this patient was not provided. Therefore, the request for Flow Pillow was not medically necessary.

██████████ **massager:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10; regarding Durable medical equipment

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 Other Medical Treatment Guideline or Medical Evidence: <http://www.ceragemus.com/healax.asp>

Decision rationale: CA MTUS does not address this issue. According to ODG, DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; and (4) Is appropriate for use in a patient's home. An online search revealed that the ██████████ massager is a massage bed that features a spinal scan technology and combines thermal massage with carefully programmed sound therapy to induce greater relaxation. However, in the present case, there is no documentation that the requested device is intended to serve a medical purpose. A specific rationale identifying the medical necessity for a specialized massage bed to treat this patient's condition was not provided. Therefore, the request for ██████████ massager was not medically necessary.