

<b>Case Number:</b>	CM14-0030266		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 reported a fall on 09/24/2013. In the clinical notes dated 02/10/2014, the injured worker complained of low back pain which radiated to the bilateral legs, left greater than right with numbness to the knees and occasionally below. The injured worker stated his pain level status was 7/10 to 8/10 and that shifting positions was useful as was oral medication, Aleve. Prior medical treatment included nonsteroidal anti-inflammatory agents, pain pills to include Tylenol No. 3 with codeine, physical therapy, Prilosec, diagnostic studies, and referrals to a spine surgeon. The injured worker's prescribed medications include Tylenol No. 3 with codeine and over-the-counter Aleve. The physical examination of the lumbosacral spine revealed tenderness to the sciatic notches bilaterally with the left greater than the right and increased tone of lumbar paraspinous muscles. It was noted that the range of motion of the lumbar spine was restricted with forward flexion 30/60 degrees, extension 5/20 degrees, lateral flexion 15/35 degrees on the right, lateral flexion 10/35 degrees on the left, 30/45 degrees of lateral rotation to the right, lateral rotation 25/45 degrees to the left. It was noted that the lumbar spine motions were accomplished without the injured worker expressing complaints of pain on extension of the lumbar spine. It was noted that a positive straight leg raise on the left at 60 degrees yielding left L2 and L3 dermatomal pain, and a positive straight leg raise on the right yielded right L4 dermatome pain at 70 degrees. The diagnoses included low back pain, lumbar disc displacement, lumbosacral radiculopathy, myofascial dysfunction, lumbago with facet arthropathy at multiple levels, central spine canal stenosis and mild levoscoliosis centered at L4-5. The treatment plan included a recommendation for an epidural steroid injection at the L2-3 under multiplanar fluoroscopy with injection of contrast, and request for additional physical therapy, a custom touch sheet pack, and a back hugger cushion due to the injured worker reporting that sitting in a chair at work was painful and that he needed to be able to sit and stand

at will. The treatment plan also included the continuation of the injured worker's anti-inflammatory medicine, Relafen 500 mg. The request for authorization for the purchase of 1 back hugger cushion (retrospectively requested for date of service 02/10/2014) was not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Purchase of 1 Back-Hugger Cushion (retrospectively requested for date of service: 2/10/14):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.aetna.com/cpb/medical/data/400\\_499?0456.html](http://www.aetna.com/cpb/medical/data/400_499?0456.html) Accessed on 2/20/14. Clinical Policy Bulletin: Pillows and Cushions.

**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 (acute and chronic), Durable medical equipment (DME).

**Decision rationale:** The request for purchase of 1 back hugger cushion (retrospectively requested for date of service 02/10/2014) is not medically necessary. The Official Disability Guidelines (ODG) state that durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment to include the equipment being able to withstand repeated use, i.e. could normally be rented, and be used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In the clinical notes provided for review, it is documented that the injured worker stated that standing for long periods of time is a problem; however, shifting positions is useful as is the oral medication Aleve. There is lack of evidence of the injured worker stating that sitting for prolonged periods of time causes pain to lower extremities or lower back. It is noted that the injured worker stated that sitting in a chair at work is painful and that he needs to be able to sit and stand at will; however, it is not documented the length of time the injured worker was able to sit without pain. Furthermore, the guidelines only recommend durable medical equipment if there is a medical need and if the equipment can be rented and used by successive patients. Therefore, the request for a purchase of 1 back hugger cushion (retrospectively requested for date of service 02/10/2014) is not medically necessary.