

<b>Case Number:</b>	CM14-0036311		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/12/2005
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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, 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:

This is a patient with a date of injury of 10/12/05. A utilization review determination dated 3/10/14 recommends non-certification of a ring cushion. It referenced a 2/26/14 medical report identifying low back pain radiating to the bilateral legs and feet 6-7/10. The symptoms were described as severe, constant, dull, sharp, and with weakness of the bilateral legs. Pain was 4-5/10 with medication and 7-8/10 without. On exam, there was tenderness at the paravertebral muscles with spasms and guarding, tenderness at the lumbar spine junction, positive SLR at the bilateral legs. There were diagnoses of lumbar spine sprain/strain and lumbosacral spondylosis without myelopathy. A ring cushion was dispensed as per the treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ring Cushion (retro):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back )updated 02/13/2014) Lumbar Supports.

**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: <http://www.ncbi.nlm.nih.gov/pubmed/22519253>.

**Decision rationale:** Regarding the request for a ring cushion, California MTUS and ODG do not address the issue. A search of the National Library of Medicine and other online resources reveals that these cushions are often utilized for relief from conditions such as coccygeal pain and hemorrhoids by relieving the pressure on that region of the body during sitting. Within the documentation available for review, there is documentation of low back pain, but no legible documentation of a condition for which a ring cushion would be expected to provide significant pain relief or another clear rationale identifying the medical necessity of the request. In the absence of such documentation, the currently requested ring cushion is not medically necessary.