

Case Number:	CM14-0055479		
Date Assigned:	07/09/2014	Date of Injury:	03/03/2013
Decision Date:	08/07/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/24/2014

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 has a subspecialty in Pain Medicine 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:

The injured worker is a 48-year-old male with an original date of injury of March 6, 2013. The covered body regions include the upper back, mid back, and low back. The patient is currently work restricted. The patient has received conservative care consisting of physical therapy, pain medication, and 2 sets of epidural steroid injections. The pain medications have included Heijden asked her strength and Flexeril. The disputed request is for a prone pillow, and this request is documented in a progress note on March 27, 2014. Specifically in the treatment section there is the statement that the patient is also requesting a prone pillow. This is medically indicated to assess this patient with ongoing high-grade neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prone pillow purchase, for use at home, for thoracic and lumbar spine: 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) Neck and Upper Back Chapter, Pillow Topic.

Decision rationale: The California Medical Treatment and Utilization Schedule does not directly address a prone pillow. The Official Disability Guidelines specifies the following in the neck and upper back chapter regarding pillows: Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This Registered Care Technologist concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit (Helewa, 2007). However, in this the case the request is for a prone pillow. This is a specific type of pillow to allow someone to rest face down. To my understanding, there are no guidelines or studies to support the use of prone pillow in neck pain. Therefore, the request for Prone pillow purchase, for use at home, for thoracic and lumbar spine is not medically necessary.