

<b>Case Number:</b>	CM14-0066051		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Medicine and is licensed to practice in Texas. 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 female whose date of injury is 03/07/2011. On this date she was walking down a ramp when she slipped and fell. She subsequently developed low back pain. Progress note dated 06/30/14 indicates that the injured worker has been participating in physical therapy and is exercising in a pool. The injured worker complains of low back and upper buttock pain radiating into the posterior thighs. An assessment notes severe facet arthropathy at L4-5, grade I spondylolisthesis at L4-5, left leg radiculopathy and left leg discrepancy 1cm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postural Pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna 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 Aetna Clinical Policy Bulletin, Pillows and Cushions.

**Decision rationale:** Based on the clinical information provided, the request for a postural pillow is not recommended as medically necessary. The Aetna Clinical Policy Bulletin, Pillows and Cushions, notes that Aetna does not cover most therapeutic pillows and cushions because they do

not meet Aetna's contractual definition of durable medical equipment (DME) in that they are not durable and because they are not primarily medical in nature and not mainly used in the treatment of disease or injury. This appears to be a convenience item, and therefore, medical necessity is not established.