

Case Number:	CM14-0085620		
Date Assigned:	07/23/2014	Date of Injury:	02/12/2009
Decision Date:	10/06/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/09/2014

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 General Surgery, has a subspecialty in Surgery Critical Care 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 64 year old female with a reported date of injury of February 12, 2009. The mechanism of injury was described as a motor vehicle collision where the injured worker's vehicle passenger side was struck by a van. The Initial Complex Orthopedic Evaluation dated April 21, 2014 documented complaints of pain in the lumbar spine and right hip. Physical exam of the lumbar spine showed exquisite amounts of pain and tenderness at the right across the iliac crest into the lumbosacral spine. Standing flexion and extension are noted as guarded and restricted. Generalized weakness in the bilateral lower extremities in what appeared to be L4 and L5 roots and dermatome, and to a lesser extent at L5-S1. The diagnosis is lumbar discopathy. The MRI revealed extensive multilevel lumbar spondylosis at level L3 to S1 with near bone to bone erosion at L3-4 and L4-5, and L5-S1 disc space height collapse. Thirty courses of physical therapy, chiropractic treatment, 3 injections as well as medication and back brace were noted as somewhat beneficial. A request for knee triangle or wedge pillow to aide with sleep was denied on a prior utilization review dated May 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee triangle/wedge pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg

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: Durable medical Equipment

Decision rationale: The request is for a triangular wedge pillow as a sleep aid. This is a piece of bedding but its mere prescription does not elevate it to the status of a durable Medical equipment. CAMTUS, ACOEM, nor ODG has any reference to a wedge pillow. There are no randomized clinical trials or medical literature to support the use of wedge pillow as a sleep aid or for the treatment of low back pain. Furthermore the request for or prescription of the pillow does not meet the definition of Durable Medical Equipment as define by ODG Knee section. The office evaluation note of 4/21/14 reveals the claimant has had multiple sessions of physical therapy, chiropractive therapy and injection despite which the claimant continues to have chronic low back pain. There are no objective documentation of any benefit from support of the knees to aid in sleep or ameliorating low back pain. This request remains not medically necessary.