

<b>Case Number:</b>	CM14-0087504		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Internal Medicine, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 49 year-old with a date of injury of 10/11/12. A progress report associated with the request for services, dated 05/02/14, identified subjective complaints of neck and low back pain. Objective findings included tenderness to palpation of the cervical and lumbar paraspinal muscles and decreased range of motion. Diagnoses included (paraphrased) lumbar sprain/strain; lumbar radiculopathy; and lumbar disc disease. Treatment had included a muscle relaxant and topical analgesic. A Utilization Review determination was rendered on 05/12/14 recommending non-certification of "Purchase of a Lumbar Support Pillow".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a Lumbar Support Pillow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar Supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore, the request for lumbar support pillow is not medically necessary.