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| Case Number: | CM15-0136442 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 09/14/2010 |
| Decision Date: | 09/21/2015 | UR Denial Date: | 06/26/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 57-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of September 14, 2010. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for cervical pillow, a lumbar support, cervical traction device, and back support insert. The claims administrator referenced a June 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 15, 2015, the applicant reported ongoing complaints of neck and low back pain with derivative complaints of headaches, depression, reflux, poor concentration, and depression. The applicant was not working, it was acknowledged. Multifocal complaints of neck and back pain were reported. Replacement cervical pillow, cervical traction device, lumbar supports, TENS unit with associated conductive garment, repeat lumbar MRI and a pain management consultation were endorsed while the applicant was seemingly placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical 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) Treatment in Workers Compensation (TWC), Online Edition, 2015, Chapter: Neck & Upper Back, Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed. Cervical and Thoracic Spine Disorders, pg. 792. Recommendation: Neck Pillows for Acute, Subacute, or Chronic Cervicothoracic Pain There is no recommendation for or against the use of specific commercial products (e.g., neck pillows) as there is no quality evidence that they have roles in primary prevention or treatment of acute, subacute, or chronic cervicothoracic pain. Strength of Evidence: No Recommendation, Insufficient Evidence (I).

Decision rationale: No, the request for a cervical pillow was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline does not address the topic of pillows. However, the Third Edition ACOEM Guidelines Cervical and Thoracic Spine Disorders Chapter notes that there is "no recommendation" for or against the usage of any specific commercial products such as neck pillow as there is no quality evidence that they play a role in the primary prevention or treatment of chronic cervicothoracic pain as was/is present here. Here, the attending provider failed to furnish a clear or compelling rationale for provision of replacement cervical pillow in face of the tepid-to-unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

Lumbar back support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for a lumbar back support was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit outside the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, June 15, 2015 following industrial injury of September 14, 2010. Introduction, selection, and ongoing use of a lumbar support was not indicated as this late stage in course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request was not medically necessary.

Cervical traction with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Similarly, the request for a cervical traction device was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181 notes that traction, the modality at issue, is deemed "not recommended" in the evaluation and management of applicant's with neck and upper back pain complaints, as were/are present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, however, the attending provider's June 15, 2015 progress note seemingly sought authorization for several different passive modalities, including a cervical traction device, lumbar support, and a TENS unit with an associated conductive garment. Provision of the traction device in question, thus, was at odds with both page 181 of the ACOEM Practice Guidelines and with page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Back support insert: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Finally, the request for a back support insert was likewise not medically necessary, medically appropriate, or indicated here. The back support insert at issue is a derivative or companion request, one which accompanied the primary request for a lumbar back support in question #2. Since that was deemed not medically necessary, the derivative or companion request for a back support insert was likewise not indicated. Therefore, the request was not medically necessary.