

<b>Case Number:</b>	CM15-0196569		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 49 year old female, who sustained an industrial-work injury on 10-31-13. She reported initial complaints of neck pain. The injured worker was diagnosed as having cervical disc disease, cervical radiculopathy, and cervical facet syndrome. Treatment to date has included medication, chiropractic sessions, cervical ESI (epidural steroid injections) with 70 percent improvement, and diagnostics. MRI results were reported on 6-2-14 of the cervical spine that reported moderate to severe degrees of foraminal stenosis bilaterally at C6-7, C6-T1, unilateral foraminal stenosis is seen on the right at C3-4, and on the left at C5-6. Currently, the injured worker complains of neck pain and discomfort with bilateral upper extremity numbness and tingling with achiness and soreness along with low back pain at tailbone. Epidurals gave some relief. Per the primary physician's progress report (PR-2) on 7-21-15, exam noted midline with decreased lordosis, moderate tenderness with spasm over the cervical paravertebral musculature and bilateral trapezius muscles, left side greater than the right, positive Spurling's sign, left greater than the right, facet tenderness to palpation over the C4-7 spinous processes, and reduced cervical range of motion. There is tenderness to palpation in the right carpal tunnel, positive Tinel's and Phalen's test on the right wrist, decreased sensation at C6-7 dermatomes, and bilateral median nerve along the right C8. Upper extremity muscle strength was reduced to 4 out of 5. The Request for Authorization requested service to include retro leg spacer pillow wedge dispensed DOS 8/4/15. The Utilization Review on 9-23-15 denied the request for retro leg spacer pillow wedge dispensed DOS 8/4/15, per CA MTUS (California Medical Treatment Utilization Schedule) and ACOEM (American College of Occupational and Environmental Medicine) guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retro Leg Spacer Pillow Wedge Dispensed DOS 8/4/15: 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 ODG Knee & Leg (Acute & Chronic), Durable medical equipment (DME) and Other Medical Treatment Guidelines <http://policy.ssa.gov/poms.nsf/lnx/0600610200> HI 00610.200 Definition of Durable Medical Equipment.

**Decision rationale:** The CA MTUS and ODG are silent concerning leg spacer pillow wedge for low back pain; however, there is guidance concerning durable medical equipment (DME) for similar medical conditions. Per the ODG, equipment may be generally recommended if there is a medical need, and if the device or system, meets Medicare's definition of durable medical equipment (DME). Medicare defines DME, as equipment that is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury. Although it is clear from recent medical documents that the injured worker has a history of cervical radiculitis and lumbar strain/sprain that has failed conservative treatment with physiotherapy, manipulation, medication, and a home exercise program, there is no supporting documentation for the use of a leg spacer. Furthermore, a leg spacer pillow wedge may be generally used by anyone, and is therefore, not considered medical equipment. Thus, the retrospective request for purchase of a leg spacer pillow wedge dispensed DOS 8/4/15 is not medically necessary and appropriate.