

<b>Case Number:</b>	CM15-0223349		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This is a 57 year old female with a date of injury on 7-15-2009. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculitis, chronic pain, lumbar radiculopathy, right carpal tunnel syndrome, bilateral elbow pain, left shoulder pain and periscapular pain. According to the progress report dated 9-22-2015, the injured worker complained of neck pain radiating down the bilateral upper extremities and low back pain radiating down the right lower extremity. She complained of pain in the left shoulder, pain in the right foot and leg and ongoing temporal headaches. Per the treating physician (9-22-2015), the injured worker was temporarily totally disabled. The physical exam (9-22-2015) revealed tenderness to palpation at the bilateral paravertebral C4-7 area. There was tenderness to palpation and spasm in the bilateral paravertebral area L4-S1 levels. There was tenderness to palpation at the left shoulder, bilateral elbows, right wrist, right hand and left ankle. Treatment has included acupuncture, psychotherapy, home exercise program and medication. Current medications (9- 22-2015) included Gabapentin, Lidoderm patches, Percocet, Tizanidine and Trazodone. The request for authorization was dated 10-15-2015. The original Utilization Review (UR) (10-22- 2015) denied requests for a sciatic therapeutic pillow and a cervical pillow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One sciatic therapeutic pillow:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, DME and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

**Decision rationale:** ODG does state regarding durable medical equipment (DME), Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below and further details Exercise equipment is considered not primarily medical in nature. Medicare details DME as: durable and can withstand repeated use; used for a medical reason; not usually useful to someone who isn't sick or injured; appropriate to be used in your home. The request for sciatic therapeutic pillow meets the criteria for durability and home use per Medicare classification. As such, the request for one sciatic therapeutic pillow is medically necessary.

**One cervical pillow:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck and Upper Back (Acute & Chronic); Pillow and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment.

**Decision rationale:** ODG does state regarding durable medical equipment (DME), Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below and further details Exercise equipment is considered not primarily medical in nature. Medicare details DME as: durable and can withstand repeated use; used for a medical reason; not usually useful to someone who isn't sick or injured; appropriate to be used in your home. ODG states Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. (Helewa, 2007)The request for cervical pillow meets the criteria for durability and home use per Medicare classification. In addition ODG recommends cervical pillows. As such, the request for one cervical pillow is medically necessary.