

Case Number:	CM15-0057065		
Date Assigned:	04/01/2015	Date of Injury:	12/04/2014
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male injured worker suffered an industrial injury on 12/04/2014. The diagnoses included right elbow wrist tendonitis, thoracolumbar musculoligamentous sprain/strain and cervical musculoligamentous sprain/strain. The diagnostics included x-ray of cervical spine. The injured worker had been treated with chiropractic therapy. On 1/27/2015, the treating provider reported tenderness of the cervical and lumbar tenderness and with spasms. The treatment plan included Cervical Pillow and Lumbar Spine Pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cervical Pillow (DOS: 02/11/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Supports and Pillows.

Decision rationale: The claimant sustained a work-related injury in December 2014 and continues to be treated for neck and low back pain. Treatments have included chiropractic care. The claimant has cervical and lumbar spine tenderness with decreased range of motion and spasms. Guidelines recommend use of a neck support pillow while sleeping in conjunction with daily exercise in the treatment of chronic neck pain. In this case, the claimant's treatments have included chiropractic care. There is no documentation of a planned daily exercise program. Therefore, the requested cervical pillow is not medically necessary.

Retrospective: Lumbar Spine Pillow (DOS: 02/11/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Lumbar supports and http://www.aetna.com/cpb/medical/data/400_499/0456.html Clinical Policy Bulletin: Pillows and Cushions, Number: 0456.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant sustained a work-related injury in December 2014 and continues to be treated for neck and low back pain. Treatments have included chiropractic care. The claimant has cervical and lumbar spine tenderness with decreased range of motion and spasms. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was therefore is not medically necessary.