

<b>Case Number:</b>	CM15-0060876		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 52 year old male, who sustained an industrial injury on 05/01/2012. He reported low back pain, right knee pain, right long finger pain, and right third toe pain due to repetitive physical strain. The injured worker is currently diagnosed as having lumbar sprain/strain, right sacroiliac joint sprain, right knee patellofemoral arthralgia, right long finger constrictive tenosynovitis with triggering, and resolved right third toe sprain. Treatment to date has included lumbar spine MRI, nerve conduction studies, trigger finger injections, physical therapy, home exercise program, and medications. In a progress note dated 02/23/2015, the injured worker presented with complaints of lumbar spine and right knee pain. The treating physician reported requesting authorization for lumbar spine pillow to help with sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine 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), Low Back Chapter, MRI Section, Lumbar Supports Section, Knee and Leg Chapter, Knee Brace Section and the Forearm, Wrist and Hand Chapter, Injection Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Mattress selection.

**Decision rationale:** Lumbar spine pillow is not medically necessary per the ODG Guidelines. The MTUS does not address lumbar spine pillows. The ODG states that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. The documentation does not indicate evidence of pressure ulcers or extenuating circumstances, which would necessitate a lumbar spine pillow, therefore this request is not medically necessary.