

<b>Case Number:</b>	CM14-0123231		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/05/2008
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic low back pain, anxiety, and depression reportedly associated with an industrial injury of February 5, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 21, 2014, the claims administrator denied a request for a donut pillow. The claims administrator stated that he was basing his denial on a July 14, 2014 Request for Authorization (RFA) form and associated July 10, 2014 progress note. This particular progress note, however, was not incorporated into the Independent Medical Review (IMR) packet. In a June 19, 2014 progress note, the applicant reported persistent complaints of low back pain, 8/10. The applicant was receiving [REDACTED] [REDACTED] but was still experiencing some financial difficulty, she noted. The applicant was using Cymbalta, Valium, and Vicodin. Cognitive behavioral therapy was endorsed. Multiple medications were refilled. In a June 12, 2014 telephone encounter, it was acknowledged that the applicant was off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Donut Pillow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/03/14) Lumbar supports

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Sleeping Surfaces section.

**Decision rationale:** The MTUS does not address the topic of pillows. As noted in the Third Edition ACOEM Guidelines, Low Back Chapter, pillows are a matter of individual preference as opposed to a matter of medical necessity. While ACOEM does suggest that applicants select those mattresses, pillows, or other sleeping surfaces which are most comfortable for them, ACOEM does not make any recommendation favoring any one particular pillow over another. In this case, the information on file does not furnish any compelling applicant-specific rationale or medical evidence which would offset the tepid-to-unfavorable ACOEM position on the article at issue, although it is acknowledged that the July 14, 2014 Request for Authorization (RFA) for on which the article at issue was sought was not incorporated into the Independent Medical Review packet. The information which is on file, however, fails to support the request. Therefore, the request is not medically necessary.