

Case Number:	CM14-0144814		
Date Assigned:	09/12/2014	Date of Injury:	01/15/2010
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 injured worker had an original date of injury of 1/15/2010. Current diagnoses include post laminectomy syndrome and medication induced gastric irritation. Prior treatments included physical therapy, medications, trigger point injections and posterior lumbar fusion with subsequent hardware removal. The request is for a large triangular wedge pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Large wedge triangular pillow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter: Low back

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 Pain, Mattress Selection

Decision rationale: CA MTUS and ACOEM are silent on the topic of mattress and bedding selection. The Official Disability Guidelines (ODG) section on low back states there are no high quality studies to support the purchase of any specialized mattress or bedding for treatment of low back pain. The purchase of a large wedge triangular pillow is not medically necessary.

