

Case Number:	CM14-0166741		
Date Assigned:	10/13/2014	Date of Injury:	06/09/2014
Decision Date:	11/13/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is a 41 year old male. The date of injury is June 9, 2014. The patient sustained an injury to the lumbar spine and neck while carrying suitcases down a flight of stairs for a family going to the airport. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient's current diagnosis is sprain of the neck. The patient currently complains of pain in the neck and low back associated with muscle spasm. A request for lumbar spine pillow was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar spine pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the documents available for review, the current request does not indicate how the patient would specifically benefit from a lumbar spine pillow. There is no indication of the patient's current physical exam, current pain complaints, current restrictions of activity, and how such a lumbar spine pillow would ameliorate his symptomatology. In the absence of such documentation, the current request cannot be approved. Therefore at this time

requirements for treatment have not been met and medical necessity has not been established.
The request is not medically necessary.