

<b>Case Number:</b>	CM14-0185397		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	10/03/2007
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 10/3/07. A utilization review determination dated 10/16/14 recommends non-certification of a water pillow. 10/7/14 medical report identifies low back pain with radicular symptoms. On exam, there is tenderness, trigger points, limited range of motion (ROM), 4/5 strength in ankle flexion and extension on the left, decreased sensation at about L5 or S1, and positive straight leg raise (SLR) bilaterally. Recommendations include a trial spinal cord stimulator (SCS), medications, and a cervical pillow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Water pillow purchase:** 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), Treatment Index, 11th Edition, Knee & Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Pillow

**Decision rationale:** Regarding the request for a water pillow, California MTUS does not address the issue. ODG recommends the use of a neck support pillow while sleeping, in conjunction with

daily exercise as either strategy alone did not give the desired clinical benefit. Within the documentation available for review, there is no documentation of adherence to a daily independent home exercise program and a rationale for a water pillow rather than a standard neck support pillow. In the absence of such documentation, the currently requested water pillow is not medically necessary.