

Case Number:	CM14-0099917		
Date Assigned:	07/28/2014	Date of Injury:	12/29/2013
Decision Date:	10/20/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal 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 injured worker is a 25 year old female whose date of injury is 12/29/13. The injured worker lifted and transferred 7-10 small 75 pound packages and then experienced sharp pain in the mid and low back extending to the low buttock region. MRI of the lumbar spine dated 03/05/14 revealed a central annular fissure at L4-5 with a trace broad based posterior disc bulge without neural foraminal, lateral recess or central canal narrowing. At L5-S1 there is trace broad based posterior disc bulge without disc protrusion or herniation. The most recent progress report dated 05/05/14 indicates that the injured worker's initial 6 visits of chiropractic care provided fair to good progress. Diagnoses are thoracic and lumbar spine sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Donut seat cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/books/NBK48941>NICE Clinical Guidelines, No. 7National Collaborating Centre for Nursing and Supportive Care (UK)London: Royal College of Nursing (UK) 2003 Oct.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AETNA Clinical Policy Bulletin, Pillows and Cushions

Decision rationale: Based on the clinical information provided, the request for donut seat cushion is not recommended as medically necessary. The initial request was denied noting that there was mention of the need for a donut seat cushion for coccygeal pain, but there was no clear detail provided as to what previous treatment has been done for this particular pain source including outcomes which should be clarified in order to help facilitate the appropriate treatment plan. There is insufficient information to support a change in determination, and the previous non-certification is upheld. Aetna clinical policy bulletin for pillows and cushions notes that Aetna does not cover most therapeutic pillows and cushions because they do not meet Aetna's contractual definition of durable medical equipment (DME) in that they are not durable and because they are not primarily medical in nature and not mainly used in the treatment of disease or injury. The injured worker sustained sprain/strain injuries, and there is no clear rationale provided to support the cushion at this time.