

Case Number:	CM14-0215318		
Date Assigned:	01/02/2015	Date of Injury:	02/07/2005
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 50 year old female patient who sustained a work related injury on 2/7/2005 Patient sustained the injury from a motor vehicle accident The current diagnoses include cervical myoligamentous injury with 3-4 mm disc protrusions, lumbar spine sprain/strain syndrome, and s/p ACDF C4-5 and C5-6 on October 16, 2014 Per the doctor's note dated 11/13/14, patient has complaints of postoperative pain, neck pain at 9/10, pain in his lower back radiating down to both lower extremities. He continues to use a single-point cane for ambulation. Physical examination of the lumbar spine revealed antalgic gait favoring the left lower extremity, pain to palpation of the lumbar musculature, muscle rigidity, lumbar spine range of motion forward flex bringing his fingertips to just below his knees and can extend to 20 degrees, straight-leg raise was positive bilaterally at full extension, sensation decreased in the S1 and/or L5 distribution on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

McKenzie roll pillow (lumbar spine): 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), Neck Chapter, pillow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODGChapter:Low Back (updated 10/28/14) Lumbar supports Mattress selection

Decision rationale: Per the ACOEM guidelines cited below "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry."In addition per the ODG cited below regarding lumbar supports/brace, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post operative (fusion)."Per the cited guidelines, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." Patient has received an unspecified number of PT visits for this injury.Response to prior conservative therapy was not specified in the records provided.Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. In addition it is noted in the records that the patient's pain was relieved with medications.There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. Any surgery or procedure note related to this injury was not specified in the records provided.The medical necessity, of McKenzie roll pillow (lumbar spine) is not fully established.