

Case Number:	CM15-0011019		
Date Assigned:	01/28/2015	Date of Injury:	06/14/2005
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55-year-old female, with a reported date of injury of 06/14/2005. The diagnoses include lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculopathy; mild degenerative disc disease at L4-5 and L5-S1, and bulging disc at L4-5 and L5-S1. Treatments have included oral medications, topical medications. The medical report dated 12/17/2014 indicated that the treating physician had seen the injured worker on 06/23/2014, and she complained of increased low back pain with radiation into the lower extremities and associated with numbness and tingling sensations. She rated the low back pain 7 out of 10 with medications. Physical examination showed tenderness over the lumbar paravertebral musculature, lumbosacral junction and sciatic notches; positive bilateral straight leg raise test; and decreased lumbar spine range of motion in all planes with pain. The medical report from which the request originates was not included in the medical records provided for review. On 12/22/2014, Utilization Review (UR) denied the request for a lumbar spine pillow, noting that there was no information in the medical records to indicate this durable medical equipment. The requested item would be considered a lifestyle choice rather than a medical necessity. The Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, DME

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic)

Decision rationale: The injured worker sustained a work related injury on 06/14/2005..he medical records provided indicate the diagnosis of lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculopathy; mild degenerative disc disease at L4-5 and L5-S1, and bulging disc at L4-5 and L5-S1. Treatments have included Acupuncture, oral medications, and topical medications.The medical records provided for review do not indicate medical oral medications, topical medications, or necessity for Lumbosacral pillow. The MTUS does not recommend the use of Lumbosacral pillow for treatment of Low back Disorders.

DME replacement supplies; electrodes/batteries x 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309.

Decision rationale: The injured worker sustained a work related injury on 06/14/2005..he medical records provided indicate the diagnosis of lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculopathy; mild degenerative disc disease at L4-5 and L5-S1, and bulging disc at L4-5 and L5-S1. Treatments have included Acupuncture, oral medications, and topical medications.The medical records provided for review do not indicate a medical oral medications, topical medications, or necessity for Lumbosacral pillow. The MTUS does not recommend the use of Lumbosacral pillow for treatment of Low back Disorders.This is not medically necessary and appropriate since the Lumbosacral Pillow, the primary reason for this equipment has been determined to be not medically necessary.