

Case Number:	CM15-0011785		
Date Assigned:	02/02/2015	Date of Injury:	11/25/2008
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
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: New Jersey

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:

The injured worker is a 46 year old female, who sustained an industrial injury on November 25, 2008. She has reported lower back pain radiating to the legs with numbness and tingling, and bilateral knee pain with numbness and tingling. The diagnoses have included chronic pain syndrome, lower back pain, lumbar spine disc protrusion, and insomnia. Treatment to date has included medications and back surgeries. A progress note dated November 5, 2014 indicates a chief complaint of continued lower back pain with radiation to the legs, and bilateral knee pain. Physical examination showed lumbar spine tenderness with decreased range of motion, and decreased sensation and strength of the legs. The treating physician is requesting the purchase of a lumbar pillow. On December 23, 2014 Utilization Review denied the request for the lumbar pillow citing the MTUS, ACOEM Guidelines, ODG and non-MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Pillow (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back, Lumbar Support

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg section, DME

Decision rationale: The MTUS Guidelines are silent in regards to L-pillows or any other pillow for the purpose of supporting and relieving low back pain. The ODG, however, states that durable medical equipment may be recommended generally if there is a medical need and if the device or system meets Medicare's definition of a DME: 1. Can withstand repeated use, i.e., could normally be rented, and used by successive patients; 2. Is primarily and customarily used to serve a medical purpose; 3. Generally is not useful to a person in the absence of illness or injury; and 4. Is appropriate for use in a patient's home. In the case of this worker who was recommended an "L-pillow," there was no follow-up explanation as to how the worker would be using this pillow (for exercise, sleeping, etc.). Also, in general, there is insufficient evidence to suggest one type of pillow is more effective than another for these purposes, and therefore, the specific L-pillow purchase will be considered medically unnecessary. Any pillow is likely to be helpful and sufficient for the purpose intended.