

<b>Case Number:</b>	CM15-0124089		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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, 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:

The injured worker is a 41-year-old female who sustained a work related injury April 16, 2012. While lifting a 50 sack of flour she developed back and lower extremity complaints and was diagnosed with a lumbosacral spine strain. Past history included s/p L5-S1 hemilaminectomy, foraminotomy, discectomy 1/25/2013, diabetes, hypertension, and hyperlipidemia. According to a pain and rehabilitative physician's office visit, dated May 15, 2015, the injured worker presented for a follow-up visit with complaints of low back pain with radiation into the bilateral lower extremities, left side greater than right. She is uncomfortable sitting and has pain in her sacral area and tailbone. Butrans patches have decreased her pain by 35% and she is feeling less stress as a result. She reports increased constipation with current stool softeners not providing adequate relief. She also has increased difficulty with urination and although authorized for a urology consultation, there has been difficulty finding a physician who accepts her insurance. Her gait is noted to be antalgic. Physical examination of the lumbar spine revealed spasm and guarding. Diagnoses are post-laminectomy syndrome, lumbar; disorders sacrum; sciatica; left L5 radiculopathy with foot drop. Treatment plan included awaiting response for a spinal cord stimulator trial and chiropractic treatment for the sacral spine, trial of Senokot, and at issue, a request for authorization of a coccyx pillow. The medication list include Gabapentin, Cymbalta, Norflex, and Pantoprazole. The patient sustained the injury when she lifted a 50 pound weight. The patient had received ESI for this injury. The patient had used an AFO brace for this injury. The patient had received an unspecified number of the PT, chiropractic and acupuncture visits in past. Per the note dated 5/5/15 patient had complaints of low back pain with radiation to bilateral LE. Physical examination of the of the low back revealed antalgic gait, no tenderness on palpation and 5/5 strength.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Coccyx pillow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinic Policy Bulletin, Pillows and cushion.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Low Back (updated 07/17/15) Mattress selection ODG Neck & Upper Back (updated 06/25/15) Pillow Knee & Leg (updated 07/10/15) Durable medical equipment (DME).

**Decision rationale:** Coccyx pillow. CA MTUS and ACOEM do not address this request. Per the ODG guidelines cited below "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure." Rationale for the need of a coccyx pillow is not specified in the records provided. Evidence of pressure ulcers or significant spinal cord injury is not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. A recent surgery or procedures related to this injury were not specified in the records provided. The medical necessity of the request for Coccyx pillow is not fully established in this patient.