MAXIMUS Federal Services

Case Number:	CM15-0174118		
Date Assigned:	09/15/2015	Date of Injury:	03/22/1998
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/03/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old female, who sustained an industrial injury on 03-22-1998. She has reported subsequent low back and right knee pain and was diagnosed with lumbar disc displacement, degeneration of lumbar disc and pain in joint of lower leg. MRI of the lumbar spine dated 06-18-2014 showed mild degenerative joint disease, mild degenerative central spinal canal narrowing due to disc bulges and facet joint arthropathy at L3-L4 and L5-S1 and minimal to mild bilateral neural foraminal narrowing from L3-L4 and L5-S1. The injured worker was noted to be permanently disabled. Treatment to date has included oral pain medication, acupuncture, Aquatherapy and a lumbar pillow. Medication and acupuncture were noted to provide moderate pain relief. In a progress note dated 08-06-2015 the injured worker reported low back pain with radiation to the lower extremities and right knee pain. Objective examination findings showed visible spasm in the right lateral lower leg with lesser spasm in the left lower leg and an antalgic gait. The physician noted that the injured worker had received a lumbar pillow at the beginning of the year which was helping to alleviate back pain when sitting for prolonged periods but that it was losing air frequently and needed to be replaced. A request for authorization of replacement lumbar pillow (purchase) (non-inflatable) was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Lumbar Pillow (purchase) (non-inflatable): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aetna.com/cpb/medical/data/400_499/0456.html.

Decision rationale: The 65 year old patient complains of lower back pain radiating to lower extremities as well as right knee pain, as per progress report dated 08/06/15. The request is for REPLACEMENT LUMBAR PILLOW (PURCHASE) (NON-INFLATABLE). There is no RFA for this case, and the patient's date of injury is 03/22/98. Diagnoses, as per progress report dated 08/06/15, included lumbar disc displacement and pain in lower leg joint. Medications included Tizanidine, Senokot-S, Omeprazole, Valium, Zyprexa, Cymbalta, Metroprolol, Travatan, Atorvastatin, Vitamin D3, and Hydrocodone. The patient is permanently disabled, as per the same progress report. MTUS, ACOEM and ODG guidelines do not discuss lumbar pillows. Aetna guidelines at www.aetna.com/cpb/medical/data/400_499/0456.html state: 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 following are some types of pillows and cushions that are not covered by Aetna: Backrest cushions and lumbar pillows including lumbar cushions, lumbar pads, lumbar rolls (e.g., Accu-Back Orthopedic Cushion, Back-Huggar, Better Back Support, ChiroFlow Adjustable Back Support, Comfort Core Backrest, Hibak Rest, Lumbo Cushion, Luniform, McCarty's Sacro-East Cushion, Sacro-Ease, Sitback Rest, Slimrest, SunMark Sacro Cushion)In this case, the request for lumbar pillow is noted in progress report dated 08/06/15. As per the report, the patient received an inflatable lumbar pillow in the beginning of the year but it keeps losing air while she is using it even with very little pressure. The treater is, therefore, requesting for a non-inflatable pillow. As per the report, the patient "uses this when she has to sit for prolonged periods of time, and it helps to alleviate her back pain." In progress report dated 09/03/15 (after the UR denial date), the treater states that the patient's inflatable pillow is worn out. In the report, the patient reports "she used the lumbar pillow every day when she is sitting at home or when she has to go somewhere and she has to sit." The treater states that the pillow "minimizes the exacerbation of back pain." While the lumbar pillow does appear beneficial, Aetna does not support its use as the pillows "do not meet Aetna's contractual definition of durable medical equipment (DME)." Hence, the request IS NOT medically necessary.