

Case Number:	CM15-0069530		
Date Assigned:	04/17/2015	Date of Injury:	05/04/2004
Decision Date:	05/18/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/13/2015

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 54 year old female, who sustained an industrial injury on 5/4/04. Initial complaints are not noted. The injured worker was diagnosed as having chronic low back pain; degenerative disc disease. Treatment to date has included acupuncture; chiropractic therapy; physical therapy; home exercise program; Lumbar spine MRI 9/16/13); medications. Currently, the PR-2 notes dated 2/26/15 the injured worker was in the office for further evaluation of back and neck pain. She states the injured area was low back but she does have radiating pain towards the cervical spine region causing difficulty sleeping. She has completed physical therapy and has noticed improvement with pain and function. This lasted for about 30 days after her last physical therapy visit and she does still have exercises that she does at home that she learned at physical therapy. The Ultracet medication was helping but was causing dizziness so she has discontinued it. She is only taking Relafen 750mg twice a day PRN. The examination indicates tenderness to palpation at the upper lumbar region and increasing with extension and some muscle spasms ascending through thoracic and cervical paraspinal region. She complains of pain with pulling sensation towards the mid and lower back with cervical flexion. Physical therapy helped more than acupuncture or chiropractic therapy. The provider has requested a Neck Support Pillow and Relafen 750 MG #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neck Support 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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pillow, page 626.

Decision rationale: Although MTUS, ACOEM Guidelines do not specifically address or have recommendations for this DME, other guidelines such as ODG and 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. It further states "Cushions may be covered if it is an integral part of, or a medically necessary accessory to, covered DME" such as seat cushions for required wheelchairs in prevention of decubiti. Regarding sleeping pillows (ergonomic pillows, orthopedic pillows, orthopedic foam wedges) (e.g., ██████████ Ergonomic Sleeping Pillow, Core Pillow, ██████████ Waterbase Pillow), a number of specialized pillows and cushions have been used for cushioning and positioning in the treatment of decubiti, burns, musculoskeletal injuries and other medical conditions. Aetna does not generally cover pillows and cushions, regardless of medical necessity, because they do not meet Aetna's definition of covered durable medical equipment, in that pillows and cushions are not made to withstand prolonged use. In addition, most pillows and cushions are not primarily medical in nature, and are normally of use to persons who do not have a disease or injury. ODG states the cervical pillow may be used in conjunction with daily exercise and should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep as either strategy alone did not give the desired clinical benefit. Submitted reports have not demonstrated support for this DME per above references. The Neck Support Pillow is not medically necessary and appropriate.

Relafen 750 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Relafen 750 MG #180 is not medically necessary and appropriate.

