

Case Number:	CM14-0152647		
Date Assigned:	09/22/2014	Date of Injury:	01/17/2014
Decision Date:	11/07/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

52 yr. old female claimant sustained a work injury on 1/17/14 involving the low back and coccyx. She was diagnosed with lumbar degenerative disk disease. A progress note on 8/1/14 indicated the claimant had constant coccyx pain. X-rays showed mild degenerative changes. Exam findings were notable for tenderness in the mid-low spine and coccyx. The claimant had been wearing a back brace. The physician requested a donut seat cushion.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) donut seat cushion: 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), Low Back (updated 7/3/2014) Mattress selection

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mattress Selection Back pain

Decision rationale: According to the guidelines, mattress selection is not recommended to use firmness as a sole criteria. Particular reference to use of a donut cushion is not identified. There is insufficient evidence to support the use of a donut cushion. There is no indication for the

purpose of a donut cushion or length of use in the clinical notes. The request for a donut cushion is not medically necessary.