

<b>Case Number:</b>	CM13-0005618		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 5/22/01. A utilization review determination dated 7/8/13 recommends non-certification of purchase of a recliner chair. 6/26/13 medical report identifies back and leg pain. The patient has jerking in his legs left more than right. He also complains of yawning and occasional body jerks. Spinal cord stimulator is working well for the legs. Back pain has increased. On exam, there is no apparent loss of coordination. There is lumbar facet pain on palpation. Gait appears to be antalgic. The patient also utilized an intrathecal pump. Impression is patient with post laminectomy syndrome having a lot of neurological symptoms which may at least partially be due to medications or pump malfunction. The treatment plan includes a mechanical recliner lift chair in order to be able to get himself up from the recliner, as he sleeps in a recliner and requires help to be able to get up safely.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PURCHASE OF DME RECLINER CHAIR, SECONDARY TO POST LUMBAR LAMINECTOMY SYNDROME: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Low Back, Table 2, Summary of Recommendations, Low Back Disorders

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Coverage Determination (NCD) for Seat Lift

**Decision rationale:** Regarding the request for purchase of DME recliner chair, secondary to post lumbar laminectomy syndrome, it appears that the request is specifically for a recliner with a seat lift. The California MTUS does not address the issue. Medicare supports the use of a seat lift for patients with severe arthritis of the hip or knee and patients with muscular dystrophy or other neuromuscular diseases when it has been determined the patient can benefit therapeutically from use of the device. They also note that the evidence must show that the item is likely to affect improvement, or arrest or retard deterioration in the patient's condition, and that the severity of the condition is such that the alternative would be chair or bed confinement. Within the documentation available for review, there is documentation that the patient has difficulty getting out of his recliner unassisted. However, there is no indication of a condition for which a lift is supported and the provider attributes many of the current symptoms to medications and/or pump malfunction rather than a condition that cannot be corrected. Additionally, there is no evidence that the patient would be chair bound without the lift and would not be able to utilize other simple assistive devices. In light of the above issues, the currently requested purchase of DME recliner chair, secondary to post lumbar laminectomy syndrome is not medically necessary.