

Case Number:	CM13-0008738		
Date Assigned:	12/06/2013	Date of Injury:	01/22/2003
Decision Date:	01/17/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in family medicine, 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 physician 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.

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 patient is a 71-year-old who reported a work-related injury on 01/22/2003, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses, fitting adjustment of other devices related to pain in limb, hypertension, low back pain, radiculopathy, muscle weakness, spinal stenosis, arthropathy, depression, L4-5 anterior fusion, unspecified polyarthropathy/polyarthritits, myalgia, constipation, facet arthropathy, osteoporosis, coat, anxiety, acquired spondylolisthesis, chronic pain due to trauma, failed back surgery syndrome lumbar, degenerative disc disease lumbar. The clinical note dated 11/14/2013 reports the patient was seen under the care of [REDACTED] for her continued pain complaints. The provider documents the patient reports severe lumbar spine pain. The provider documents the patient utilizes aspirin, Dulcolax, fiber supplement, Lunesta, Micardis, milk of mag, multivitamin, Neurontin, Norco, omega, Reclast, Systane, vitamin D3, Voltaren, and Zocor for her pain complaints. Upon physical exam of the patient, the provider documented the patient had maximum tenderness upon palpation of the spinous paraspinous lumbar gluteals and PSIS sacrum of the lumbar spine. The provider documented palpation of the buttocks and bilateral sacroiliac joints were painful. Straight leg raise was positive for back pain to the right lower extremity. The provider recommended the patient utilize trigger point injections, renewal of medications, continuation of home exercise program, recommend evaluation of an L4-5 hardware block, continued psychotherapy, and to provide a spinal cord stimulator support.

IMR ISSUES, DECISIONS AND RATIONALES

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

One stair chair lift: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter - DME

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines indicate, "Durable medical equipment is defined as equipment which: (1) Can withstand repeated use (i.e., can normally be rented and used by success of patients); (2) is primarily and customarily used to serve a medical purpose; (3) generally is not useful to a person in the absence of illness or injury; (4) is appropriate for use in a patient's home." The clinical documentation submitted for review lacks evidence to support the current request. On the most recent clinical note submitted for review, the provider documents the patient reports with continued chronic pain complaints; however, documentation of any significant motor loss about the patient's bilateral upper or lower extremities were not evidenced in the physical exam findings. It is unclear the specific rationale for the requested durable equipment. The request for one stair chair lift is not medically necessary or appropriate.

Four trigger point injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The Physician Reviewer's decision rationale: The provider documents the patient continues to present with moderate complaints of lumbar spine pain status post a work-related injury sustained over 10 years ago. The clinical notes did not indicate if the patient had previously utilized trigger point injections and the efficacy of treatment for the patient's pain complaints. The provider did document that the patient did present with taut bands with twitch response over the right PSIS (post super iliac spine). However, the provider also documented the patient presents with radiculopathy. The request for four trigger point injections is not medically necessary or appropriate.