

Case Number:	CM13-0013604		
Date Assigned:	10/01/2013	Date of Injury:	08/27/1992
Decision Date:	01/14/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine and Rehabilitation, 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. 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:

The underlying date of injury in this case is 08/27/1992. The primary diagnosis is chronic low back pain. A prior physician review notes that the patient was seen for follow-up on 07/29/2013, and was noted to have chronic low back pain. At that time no examination was done of the low back, although the patient reported he had gone shopping in a "back store" and requested some specific durable medical equipment items. That review concluded that the treatment guidelines did not support the requested items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Luma model Zero Gravity recliner from the Ultimate Back Store.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare policy for a chair lift.

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

Decision rationale:

McCarty Sacro BrascRXTK back support from the Ultimate Back Store: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: