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| <b>Case Number:</b>   | CM13-0020093 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 05/10/2012 |
| <b>Decision Date:</b> | 08/15/2014   | <b>UR Denial Date:</b>       | 08/28/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2013 |

### 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 Interventional Spine 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:

The patient is a 55-year-old male with date of injury of 05/10/2012. The listed diagnosis per [REDACTED] dated 03/29/2013 is T12 vertebral compression fracture with residual thoracolumbar pain. According to this report, the patient sustained a T12 vertebral compression fracture and was treated with a brace. He recently received 2 sessions of work hardening. He states he was able to do most things without significant pain or discomfort. However, since his back injury, he has noticed increased difficulty doing simple things such as bending down or walking. He states that physical therapy did help with his back pain. He does have some residual aching in his thoracolumbar region. He denies any radicular symptoms. The physical exam shows the patient is well developed, well nourished, in no acute distress. His gait is slow, mildly antalgic favoring the left lower extremity. There is mild tenderness in the lumbar paraspinals and also in the midline of the thoracolumbar region. There is no step-off or deformity. Sensation and motor function are grossly normal throughout the bilateral lower extremities. The x-ray of the thoracolumbar spine dated 03/29/2013 shows stable compression deformity of the T12. The utilization review denied the request on 08/28/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MASSAGE CHAIR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Durable Medical Equipment (DME)

**Decision rationale:** This patient presents with back pain. The treater is requesting a massage chair. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines for durable medical equipment states that it is generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home. The progress report dated 03/29/2013 notes that the treater is requesting a massage chair for home use as this provides significant relief in the patient's back pain. In this case, while a massage chair provides some significant benefit to the patient, it does not serve a medical purpose and is not considered medical treatment according to the ODG Guidelines. The request is not medically necessary.