

<b>Case Number:</b>	CM13-0030391		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 North Carolina. 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 patient is a 35-year-old male who began to experience pain in his lumbar back that radiated to both legs beginning in December 2011. There was no specific injury but the pain is believed to have begun from the heavy equipment he has to wear while performing the functions of his job. In addition to the lumbar pain, he also experienced upper back, bilateral arm and neck pain. The treatment modalities have included physical therapy, an H-wave electronic stimulator, medication therapy and massage therapy. A previous MRI showed multiple thoracic and lumbar minimal disc bulging with no impingement. The patient's diagnosis included degenerative disc disease of the lumbosacral spine, bilateral lumbar radiculopathy, chronic back pain/myofascial pain and insomnia secondary to back pain. In a progress report dated 8/29/13, the patient requested a recliner. The report states "he has been working regular work duties and doing well overall." A utilization review on 9/11/13 rendered a decision that the recliner was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**comfort king recliner:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-301. Decision based on Non-MTUS Citation Medicare Claims Processing Manual.

**Decision rationale:** The California MTUS chronic pain treatment guidelines do not specifically address recliners as a treatment option for chronic back pain. In the ACOEM Low Back Complaints section, there is not a specific mention of a recliner in treatment guidelines. However, the ultimate function of the recliner would be as a form of lumbar support. On page 301 in the ACOEM, it addresses this issue thusly "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." While the recliner is not a traditional lumbar support, its function would be the same and thus not be deemed necessary. In addition, the closest other guideline for a recliner since it is not specifically mentioned by name in the MTUS would be the Medicare definition of durable medical equipment. Per that definition which is contained in the Medicare Claims Processing manual, chapter 20 durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) 10.1.1, the equipment must be able to " withstand repeated use i.e. could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in the patient's home." (CMS,2005) The comfort king recliner does not meet these eligibility requirements.