

Case Number:	CM13-0037581		
Date Assigned:	12/18/2013	Date of Injury:	01/09/1995
Decision Date:	04/21/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/23/2013

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 & 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 54 year-old male with a date of injury of 01/09/1995. The listed diagnoses per [REDACTED] are: Industrial insomnia, lumbosacral radiculitis, post-laminectomy pain-lumbar and muscle spasms. Patient is status post lumbar decompression and fusion from L2 through S2 dated September 2000. According to report dated 08/20/2013, the patient presents with low back pain. On physical examination patient demonstrated "severe pain-related limitations that make the examination difficult to perform and results difficult to interpret." Report dated 07/30/2013, showed on examination "appropriately dressed, in no acute distress and standing straight."

IMR ISSUES, DECISIONS AND RATIONALES

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

SIDE STEPS FOR THE PATIENTS VEHICLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment

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

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with continued low back pain. Treater is requesting a side-step to be installed on the patient's vehicle " as it relates to assisting entry and exit on an industrial basis due to the current flare up of pain." The ACOEM, MTUS and ODG Guidelines do not discuss side steps for vehicles. However, ODG does discuss durable medical equipment and states that for an equipment to be considered a medical treatment it needs to be used primarily and customary for medical purposes. It generally is not useful to a person in the absence of illness or injury. In addition, the treater does not discuss why the patient physically cannot enter the vehicle without a step. There are no objective findings upon examination, except pain, that would enable the patient from getting in and out of the care without a specialized step. Recommendation is for denial.