

<b>Case Number:</b>	CM13-0050838		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/12/1998
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] technical analyst who has filed a claim for fibromyalgia, chronic pain syndrome, chronic neck pain, chronic low back pain, and sleep disturbance reportedly associated with an industrial injury of June 12, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; an intrathecal pain pump; epidural steroid injection therapy; long-acting opioids; and extensive periods of time off of work. In a Utilization Review Report of October 30, 2013, the claims administrator apparently denied a request for a vehicle power lift. The applicant's attorney subsequently appealed. In a progress note of April 22, 2013, the applicant's chronic pain physician provided the applicant with a refill of an intrathecal pain pump and also furnished prescriptions for Xanax, Soma, and Zaroxolyn. The applicant was described as 100% permanently disabled. Operating diagnoses included chronic regional pain syndrome, opioid intolerance, sacroiliitis, radiculitis, and poor dentition. The applicant's gait was not described on this visit. In an April 24, 2013 progress note, however, the applicant was described as unchanged. She is described as chronically ill with issues related to lower extremity edema. The applicant is apparently using a wheeled walker to move about. The applicant is described as having upper extremity chronic regional pain syndrome with residual weakness on this date. On May 23, 2013, the applicant was again described as having weakness about the right upper extremity with lower extremity peripheral edema appreciated. In a progress note of September 18, 2013, the applicant is described as using an electric wheelchair. She is having edema about the legs and bilateral upper extremity weakness appreciated. In subsequent progress notes of November 1, 2013 and January 15, 2014, the applicant is described as chronically ill and using a wheelchair to move about. The applicant is described as having issues with chronic pain syndrome and psychiatric disorder. The applicant is described as having gait disturbance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**VEHICLE POWER 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 99, 301.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as vehicle power lift are not recommended if an applicant has functional mobility deficit which can be sufficiently resolved by usage of a cane and/or walker. In this case, the applicant is described as having upper extremity weakness apparently associated with chronic regional pain syndrome. In this case, while the applicant is described as having upper extremity weakness which would prevent propelling of a manual wheelchair, it is not clear why the applicant requires a wheelchair to move about. It is not clear that the applicant has any evidence of neurologic deficit associated with the lumbar spine and/or lower extremities. It is unclear why a wheelchair is needed here. It is further noted that provision of a vehicle power lift would run counter to the philosophy espoused on page 301 of the MTUS-adopted ACOEM Guidelines in Chapter 12, which suggests that every effort should be made to maintain the applicant at maximum levels of activity. Therefore, the request for vehicle power lift is not certified, on Independent Medical Review.