

Case Number:	CM13-0065061		
Date Assigned:	01/03/2014	Date of Injury:	06/27/2011
Decision Date:	05/16/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 and is licensed to practice in Texas. 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 injured worker is a 39-year-old female who reported an injury on 06/27/2011. The mechanism of injury was not stated. Current diagnoses include chronic neck pain, cervical degenerative disc disease, cervical myofascial pain syndrome, cervical radiculopathy, lumbar laminectomy and fusion, sacroiliitis, and pending cervical spine surgery with cervical discogenic disease. The most recent physician progress report submitted for this review is documented on 10/03/2013. The injured worker reported 6/10 pain. The injured worker was status post anterior and posterior lumbar fusion. Physical examination revealed a nonantalgic gait, a well healed lumbar incision, tenderness over the right sacroiliac joint, trigger points with a palpable twitch response and negative straight leg raising bilaterally. Recommendations at that time included continuation of current medication as well as trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

VERSA TABLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- TWC Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter, section on Durable Medical Equipment

Decision rationale: The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, could normally be rented, and is used by successive patients. It is generally not useful to a person in the absence of illness or injury. The medical necessity for the requested durable medical equipment has not been established. There was no physician progress report submitted on the requesting date. There is no clear rationale or documentation as to how the requested durable medical equipment will address the injured worker's deficits and function. Based on the clinical information received, the request is not medically necessary and appropriate.