

Case Number:	CM13-0065650		
Date Assigned:	04/02/2014	Date of Injury:	09/15/1994
Decision Date:	05/08/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation, 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:

This 52 year-old female patient sustained an injury on 9/14/1994 while employed by the [REDACTED]. Requests under consideration include chiropractic visits, Qty: 12 and ergonomic seat. The patient has had extensive conservative care to include chiropractic treatment, physical therapy, acupuncture, and medications. Report of 10/29/13 from the provider noted patient with intermittent episodes of back and occasional leg radiculopathy symptoms. The claimant has treated with chiropractic care with improvement minimizing discomfort. Exam showed tenderness in the lumbosacral area and sciatic notch with minimal positive straight leg raises; overall good range and flexibility; normal neurological exam with intact sensory and motor function. Requests above for chiropractic visits and ergonomic seat were non-certified on 11/15/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC VISITS, QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, the patient has had extensive chiropractic care; however, the medical reports have not demonstrated a long-term reduction in pain level or medical utilization nor is there any reported functional improvement as the patient continues with chronic radicular low back pain for this September 1994 injury. There is no report of acute flare-ups or new red-flag findings nor are there any documented functional benefit derived from treatment already rendered. The Chiropractic Visits, Qty: 12 is not medically necessary and appropriate.

ERGONOMIC SEAT: 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 CG-DME-10

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna.com/cpb/Medical Clinical Policy Bulletin: Pillows And Cushions, Number: 0456 Policy

Decision rationale: Although MTUS, ACOEM, ODG Guidelines do not specifically address or have recommendations for this DME car seat cushion, other guidelines such as Aetna's contractual definition of durable medical equipment (DME) in that they are not durable and because they are not primarily medical in nature and not mainly used in the treatment of disease or injury. It further states "Cushions may be covered if it is an integral part of, or a medically necessary accessory to, covered DME. For example, Wheelchairs and Power Operated Vehicles (Scooters); thereby wheelchair seat cushions are covered to prevent or treat severe burns or decubiti. Certain specialized support surfaces may be covered when medically necessary to prevent or treat decubitus ulcers. A number of specialized pillows and cushions have been used for cushioning and positioning in the treatment of decubiti, burns, musculoskeletal injuries and other medical conditions; however, generally, pillows and cushions are not covered, regardless of medical necessity, because they do not meet the definition of covered durable medical equipment, in that pillows and cushions are not made to withstand prolonged use and are not primarily medical in nature, as they are normally used by persons who do not have a disease or injury. These criteria are not met for this chronic 1994 injury. The Ergonomic Seat is not medically necessary and appropriate.