MAXIMUS Federal Services

Case Number:	CM14-0013966		
Date Assigned:	02/26/2014	Date of Injury:	10/19/2001
Decision Date:	10/07/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 Neurological Surgery 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 records presented for review indicate that this is a 27 year-old individual who was injured in October 2001. There are ongoing complaints of low back pain. The pain level has increased to 8/10. Quality of sleep is noted to be "poor." There has not been any new injury or activity decrease identified. The progress note indicates that 4 separate beds have been provided and yet the injured employee has not been having improvement. It is unclear as to why. Multiple medications were dispensed. A spinal cord stimulator had also been employed. The physical examination notes a 6 foot, 236 pound individual with hypertension (132/100). A marked limitation of lumbar spine range of motion is noted and there is muscle spasm identified in the lower lumbar region. Straight leg raising is reported to be positive. The previous clinical examination is essentially the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RECLINING LIFT CHAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Durable medical equipment (DME)

Decision rationale: This is an individual who has had 4 separate beds dispensed. Also noted is a discussion that the urine drug screening is not consistent with the medications being dispensed. There is no clear clinical indication as to why the devices dispensed are not being employed. As such, there is no narrative or competent clinical discussion as to why such a reclining chair would be necessary as care reasonably required. Therefore, the request is not medically necessary.

1 BED REPLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Durable medical equipment (DME)

Decision rationale: When noting the date of injury, the injury sustained, the multiple interventions and the current physical examination, there is no objective data presented to suggest the need for a specific type of bed. This is a personal comfort device and is not considered medically necessary. It is noted that prior beds have been dispensed; however, there is no discussion as to their location, functionality or why this is necessary. Based on this lack of clinical information, the request is not clinically indicated. Therefore, the request is not medically necessary.