

<b>Case Number:</b>	CM14-0132080		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 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:

According to the records made available for review, this is a 42-year-old female with a 6/4/11 date of injury. At the time (7/16/14) of request for authorization for unspecified durable medical equipment, there is documentation of subjective (neck and low back pain, radiating pain from neck to the left arm, and numbness and tingling in the neck) and objective (tenderness over the paraspinal musculature of the cervical region on the left, muscle spasm, decreased cervical spine range of motion, and decreased sensation over the C5-C6 and C6-C7) findings, current diagnoses (C5-C6 and C6-C7 herniated nucleus pulposus, L4-5 facet arthropathy, and obesity), and treatment to date (injections, chiropractic treatment, acupuncture, and medications). Medical report identifies a request for authorization for anterior cervical discectomy and fusion at C5-6 and C6-7, DME (Durable Medical Equipment), and post-operative medication and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unspecified Durable Medical equipment.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare Benefit and Blue Cross of California Medical Policy.

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

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. Within the medical information available for review, there is documentation of diagnoses of C5-C6 and C6-C7, herniated nucleus pulposus, L4-5 facet arthropathy, and obesity. In addition, there is documentation of a request for authorization for anterior cervical discectomy and fusion at C5-6 and C6-7, DME, and post-operative medication and physical therapy. However, given no documentation of the specific durable medical equipment being requested, there is no documentation that the requested durable medical equipment (DME) can withstand repeated use and is primarily and customarily used to serve a medical purpose. Therefore, based on guidelines and a review of the evidence, the request for unspecified durable medical equipment is not medically necessary.