

Case Number:	CM14-0133113		
Date Assigned:	08/22/2014	Date of Injury:	05/11/2012
Decision Date:	09/26/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/20/2014

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 46-year-old male who reported an injury on 05/11/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 08/07/2014 indicated diagnoses of cervical strain, lumbar disk bulge, and lumbar degenerative disk disease. The injured worker reported he had an episode last week where he was unable to walk secondary to back pain. The injured worker reported the pain radiated down his left leg. The injured worker reported neck, sharp and dull, pain that was frequent and rated 5/10, worse with prolonged neck flexion or extension, better with the H wave, stretching and medication. The injured worker reported the pain radiated to the head, upper back and bilateral shoulders. The injured worker reported low back sharp and dull, constant pain rated 5/10, worse with bending, twisting, prolonged sitting, standing and walking, better with rest, the H wave and medication, and the pain radiated down both legs to his feet. On Physical examination, the injured worker's sensation was intact, however, sensation was decreased in the left leg, and MMT was 5/5, apart from 5-/5 left quadriceps and hamstrings. The injured worker had pain to palpation along cervical lumbar paraspinous muscles. The injured worker has a CURES report, results consistent with prescription. The worker's treatment plan included chiropractic as needed, exercises. The injured worker's medication regimen included Topamax, Miralax, and baclofen. The provider submitted a request for a step for truck. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Step for Truck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition (2007) & Official Disability Guidelines Knee & Leg - Treatment for Workers Compensation, Online Edition Neck Upper Back Low Back & Thoracic.

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

Decision rationale: The request for Step for Truck is not medically necessary. The Official Disability Guidelines recommend Durable medical equipment (DME) generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The term DME is defined as equipment which can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; & is appropriate for use in a patient's home. The injured worker already has a step installed on the side of his truck that assists him in getting in and out of his truck. There is lack of documentation that the step are causing him trouble. The provider did not indicate a rationale for the request. Moreover, environmental modifications are not considered primarily medical in nature per The Official Disability Guidelines. Therefore, the request is not medically necessary.