

Case Number:	CM14-0160777		
Date Assigned:	10/06/2014	Date of Injury:	10/26/2007
Decision Date:	12/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/30/2014

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 Family 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:

The injured worker is a 57-year-old male who reported a work related injury on 10/26/2007. The mechanism of injury was not provided for review. His diagnoses were noted to include lumbosacral or thoracic neuritis or radiculitis, lumbar sprain/strain, intervertebral disc disease, and chronic pain syndrome. The injured worker's diagnostic studies and surgical history were not provided for review. Per clinical note dated 07/30/2014, the injured worker complained of low back pain radiating to the bilateral thighs, numbness and tingling in the bilateral lower extremities, and difficulty sleeping. Examination revealed tenderness, antalgic gait, decreased range of motion, spasm, and decreased sensation at the right L4-S1. Per clinical note dated 08/14/2014, the injured worker had complaints of low back pain radiating to the bilateral thighs, numbness and tingling in the bilateral lower extremities, and difficulty sleeping. Examination revealed tenderness, antalgic gait, decreased range of motion, spasm, and decreased sensation in right L4-S1. The injured worker's current medications were noted to include tramadol and cyclobenzaprine. The treatment plan consisted of self TPT. The rationale for the request was not submitted for review. A Request for Authorization Form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Self TPT-(Trigger point compression)Dispensed on 8/14/14: 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) Pain, Durable medical equipment (DME)

Decision rationale: The request for self TPT (trigger point compression) is not medically necessary. The Official Disability Guidelines may recommend durable medical equipment generally if there is a medical need and if the device meets the Medicare definition of durable medical equipment. As bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. In regard to the patient, there is no evidence of documentation provided as to why the patient would need specialty equipment. Therefore, the request for a self TPT trigger point compression is not medically necessary.