

Case Number:	CM14-0172470		
Date Assigned:	10/23/2014	Date of Injury:	11/22/2004
Decision Date:	12/09/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Orthopedic Surgery and is licensed to practice in Georgia. 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 36-year-old male who reported an injury on 11/22/2004. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbar spine sprain/strain at L5-S1, sciatica, retrolisthesis 2 mm at L5-S1, degenerative disc disease, and umbilical hernia. Past medical treatment consists of physical therapy, acupuncture, 6 ESIs, and medication therapy. Medications consist of Motrin 600 mg. On 09/11/2014, the injured worker complained of lumbar back pain. Physical examination revealed that the injured worker had a 6/10 to 7/10 constant pain in the lumbar back. It was noted that there was right leg weakness. It was also documented that the injured worker was positive for numbness of the right leg intermittently. There was increased pain with movements and prolonged sitting position. The treatment plan is for the injured worker to continue with Motrin 600 mg. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Handicap Placard 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Apps.dmv.ca.gov

Decision rationale: The request for Handicap Placard 6 months is not medically necessary. According to the California DMV, criteria for obtaining a handicap placard are as follows: a lung disease to the extent that forced expiratory volume that is measured by spirometry that is less than 1 liter or arterial oxygen tension is less than 60 mm/Hg on room air while the person is at rest. The website also states that cardiovascular disease to the extent that the person's functional limitations are classified in severity as class 3 or class 4 a diagnosed disease or disorder which substantially impairs or interferes with mobility; a severe disability in which he or she is unable to move without the aid of an assistive device; a significant limitation in the use of the lower extremities; the loss, or the loss of the use, of both hands and/or central visual acuity does not exceed 20/200 in the better eye with corrective lenses... or visual acuity that is greater than 20/200, but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees. The submitted documentation did not indicate that the injured worker had any functional deficits. Additionally, there were no diagnoses congruent with the above guidelines. Furthermore, there was no rationale submitted to warrant the request of a handicap placard. As such, the request as submitted for a Handicap Placard 6 months is not medically necessary.