

Case Number:	CM14-0024040		
Date Assigned:	06/11/2014	Date of Injury:	12/22/2002
Decision Date:	07/15/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 female who reported an injury on 12/22/02. The nature and mechanism of the reported injury was not found in the chart. In a report dated 1/9/14, her assessment and plan include status post work-related injury with resultant disc herniation and low back pain, chronic pain syndrome, progressive disc disease, lumbar radiculopathy, and severe spinal stenosis. There was a request for epidural blocks and trigger point injections. A report on 1/28/14 does mention that the requested trigger point injections (but not the nerve blocks) have been approved and that prior injections had been very helpful, allowing the worker to be much more functional, performing chores at home and attendance at the gym. There is no documentation that these injections were administered, nor the outcomes thereof. This worker does ambulate with a seated rolling walker. She has a history of multiple falls. An MRI of the lumbar spine on 10/19/12 revealed an anatomically aligned lumbar spine, no central canal stenosis, and a diffuse disc bulge and annular tear of the L5-S1 disc with severe narrowing of the bilateral neural foramina at the same level, greater on the right than the left side. There was no nerve root impingement nor evidence of radiculopathy clinically. Her medications included savella 50 mg, ambien 10 mg, norco 10/325 mg, Xanax 1 mg, Zoloft 50 mg, Seroquel 100 mg, Neurontin 600 mg, HCTZ 25 mg, metoprolol 50 mg, and diovan 160 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A STAIR CLIMBER LIFT: 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 AND LEG, DURABLE MEDICAL EQUIPMENT.

Decision rationale: In the Official Diagnostic Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which 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. The request is for a purchase rather than a rental, there is no evidence of a home study, and the submitted documentation does not sufficiently attest to the medical necessity of a stair climber. As such, the request is not medically necessary.