

Case Number:	CM14-0051672		
Date Assigned:	07/07/2014	Date of Injury:	01/01/1975
Decision Date:	08/28/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 60-year-old male who was reportedly injured on January 1, 1975. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 20, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity. The physical examination demonstrated decreased range of motion of the lumbar spine. There was a normal lower extremity neurological examination. Diagnostic imaging studies revealed a degenerative spondylolisthesis of L4 on L5, with ligamentum flavum hypertrophy and canal narrowing with a right sided disc protrusion. There was also a retrolisthesis with a central disc extrusion at L2-L3, diffuse disc bulging at L3-L4 and disc bulging at L5-S1 with moderate to severe right and moderate left foraminal stenosis. Previous treatment included medications, physical therapy, epidural steroid injections and chiropractic treatment. A request was made for two stressless magic office chairs and one plumpers stressless magic home chair plus footrest and was not certified in the pre-authorization process on March 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 stressless [REDACTED] office chairs ([REDACTED]): 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, updated June 5, 2014.

Decision rationale: According to the Official Disability Guidelines, the request for durable medical equipment are those items, which is primarily and customarily used to survey medical purpose and is generally not useful to a person in the absence of illness or injury. The use of an office chair does not fit this criteria. Additionally, it is unclear why there is a request for two office chairs, as the injured employee would only be able to sit in one at a time. For these reasons, this request for two stressless [REDACTED] office chairs is not medically necessary.

1 plummers stressless [REDACTED] home chair plus footrest ([REDACTED]): 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, updated June 5, 2014.

Decision rationale: According to the Official Disability Guidelines, the request for durable medical equipment are those items, which is primarily and customarily used to survey medical purpose and is generally not useful to a person in the absence of illness or injury. The use of an office chair does not fit this criteria. For these reasons, this request for 1 Plummers Stressless [REDACTED] Home chair plus footrest [REDACTED] is not medically necessary.