

Case Number:	CM14-0060122		
Date Assigned:	07/09/2014	Date of Injury:	07/19/1989
Decision Date:	09/19/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/30/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 had work related injuries on 07/19/89. Mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated 07/14/14. The injured worker reported bilateral extremity and back pain. He stated his medications were still denied. Norco is used for pain. The injured worker is taking four per day which was helpful without side effects. He was taking Gabapentin 800mg four times daily which was also helpful. On medication he was able to provide self-care and do household chores. Complaints of severe low back pain bilateral lower extremities pain described as pins and needles, numbing, burning, aching, and stabbing pain with pain in his legs, especially in the posterior with pins and needles and numbness in his feet rated 8-9/10 without medication 5-7/10 with. Pain is made better by changing positions, medications, injections, heat, ice, and physical therapy. Physical examination alert and oriented times three. No sign of over sedation or aberrant behavior. Range of motion decreased in lumbar spine secondary to pain. Lumbar paraspinal tenderness. Straight leg raise slightly positive on left. Deep tendon reflexes 2+ at Achilles and patella. No clonus or increased tone. Sensation decreased in bilateral L5 dermatomes, left worse than right. Strength 4/5 in left lower extremity and 4+/5 in right. Sensation decreased in feet. Ambulated with slightly antalgic gait. Impression lumbar discogenic pain. Bilateral L4-5 lumbar radiculitis. Low back pain. Lumbar stenosis L2-3, L3-4, and L4-5. Chronic pain syndrome. Apparently the patient was authorized for updated MRI and spine surgery consult. Prior utilization review on 04/22/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kneeling chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Online Edition. Chapter: Knee & Leg, Walking Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bodyspace: Anthropometry, Ergonomics and the Design of Work, Third Edition 2012-10-17.

Decision rationale: The request for kneeling chair is not medically necessary. The clinical documentation submitted for review does not support the request. There is no evidence that the injured worker would benefit with this piece of durable medical equipment (DME), and there is no reason documented on why the injured worker needs this chair. Therefore, medical necessity has not been established.