

Case Number:	CM14-0068574		
Date Assigned:	07/14/2014	Date of Injury:	03/27/1978
Decision Date:	09/17/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/13/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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 61 year old male who sustained injuries to his low back and neck on 03/27/78 when the injured worker fell from a log deck and landed on his back, causing severe aching of his back and hitting his head/neck as well. The injured worker noted immediate pain in his neck and shoulders. Treatment to date has included medications, chiropractic treatment, massage, TENS and ultrasound. MRI of the cervical spine in 2009 revealed C5-6, C4-5 and C6-7 spinal stenosis. The injured worker underwent cervical epidural steroid injection in 2009 that was noted to have good improvement. Subsequently, the injured worker continued to have chiropractic treatments and medication management by his regular primary care physician. The injured worker underwent gastric bypass surgery in 2010 that turned out to be a disaster with sepsis, etc. requiring prolonged hospitalization, ventilator support, etc. MRI of the cervical spine dated 07/07/11 revealed moderate degenerative disc disease, uncovertebral and facet arthropathy from C3 all the way down to C7; mild cord compression at C5-6, moderate central canal stenosis and foraminal stenosis; no cervical myelopathy noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Disposable pads/sheet covers for chronic pain of lumbar and cervical spine: 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) Online version, Durable medical equipment.

Decision rationale: The request for disposable pads/sheet covers for chronic pain of the lumbar and cervical spine is not medically necessary. The previous request was denied on the basis that current literature does not establish the medical necessity of the requested DME of disposable pads/sheet covers for the patient's chronic lumbar and cervical spine condition; therefore, the prospective request was not deemed as medically appropriate. The ODG states that durable medical equipment is defined as equipment which can withstand repeated use, i.e. can normally be rented and used by successive patients, it is primarily and customarily used to serve a medical purpose, generally it is not useful to a person in the absence of illness or injury and is appropriate for use in the injured worker's home. There was no additional significant objective clinical information provided for review that would support the need to reverse the previous adverse determination. Given this, the request for disposable pads/sheet covers for chronic pain of the lumbar and cervical spine is not indicated as medically necessary.