

Case Number:	CM14-0098091		
Date Assigned:	07/28/2014	Date of Injury:	05/25/2011
Decision Date:	11/05/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/26/2014

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 California. 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 with an original date of injury of May 25, 2011. The mechanism of injury was due to a slip. The patient has industrial diagnoses of chronic low back pain, spondylolisthesis, and a history of lumbar fusion at the L5 and S1 segments done on March 13, 2014. The disputed request is for a pneumatic segmental appliance. A utilization review determination on June 12, 2014 had noncertified this request. The rationale was that it was "unclear what form of pneumatic appliance was requested for rental in this case."

IMR ISSUES, DECISIONS AND RATIONALES

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

Segmental Pneumatic Appliance (lumbar spine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.21(c).

Decision rationale: Section 9792.21(c) of the California Medical Treatment Utilization Schedule states that: "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-

reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." In the case of this request, the California Medical Treatment Utilization Schedule does not contain specific guidelines on this particular request. Therefore, national evidence based guidelines are cited. It is further noted that the Official Disability Guidelines and ACOEM do not have provisions for this request either. In fact, there is a paucity of literature to support this item. Furthermore, in this case, the progress notes do not contain sufficient rationale as to why this request is necessary. The patient has undergone lumbar fusion, and had improvement in axial low back pain but continues to suffer severe left leg pain. Therefore, this request is not medically necessary.