

<b>Case Number:</b>	CM14-0127974		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	12/21/1971
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 65-year-old male who reported an injury on 12/21/1971 due to an unspecified mechanism of injury. On 07/08/2014, he presented for an evaluation regarding his work related injury. He reported severe pain with sweating for 3 days and wanted a prescription for a new gravity chair. His medications included Dilaudid, docusate sodium, Lomotil, metformin, Miralax powder, Prilosec, promethazine, and Valium and zolpidem. A physical examination showed that was in acute and painful distress. He was diagnosed with intervertebral disc disorder with myelopathy of the cervical and lumbar region, chronic pain due to trauma, and lumbar disc displacement. The treatment plan was for a zero gravity chair for the lumbar spine to be used several hours a day. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zero gravity chair, lumbar spine, to be used several hours daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Durable Medical Equipment

**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, DME

**Decision rationale:** The Official Disability Guidelines indicate that durable medical equipment is equipment that withstand repeated use, can normally be rented, and is not normally needed for those without an illness or injury. The documentation provided shows that the injured worker was requesting a new gravity chair which indicates that he already had a gravity chair. A clear rationale was not provided as to why he needs a replacement chair and there was no documentation showing efficacy of the chair with a quantitative decrease in pain or an objective improvement in function. Also, the request would not be supported by the durable medical equipment guidelines as there is no clear rationale for its medical necessity. Therefore, the request is not supported. As such, the request is not medically necessary.