

Case Number:	CM14-0179886		
Date Assigned:	11/04/2014	Date of Injury:	05/18/2010
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational 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:

Patient is a 58 year-old female with date of injury 05/18/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/08/2014, lists subjective complaints as pain in the low back. Patient is status post lumbar decompression surgery on 05/19/2014. Objective findings: Examination of the lumbar spine revealed patient had full strength and sensation to the bilateral lower extremities. Straight leg raising test was negative bilaterally. No other physical examination results were documented by requesting provider. Diagnosis: 1. Spinal stenosis, lumbar 2. Spinal/lumbar degenerative disc disease 3. Depressive disorder 4. Lumbar disc displacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multipurpose back cushion w/lumbar support and contour high back cushion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014

Decision rationale: According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including: There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, licensed physical therapist, occupational therapist, or nurse; and There is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease; and The documentation supports that the requested DME will restore or facilitate participation in the individual's usual IADL's and life roles. The medical record does not contain insufficient documentation or address the above criteria. Multipurpose back cushion w/lumbar support and contour high back cushion is not medically necessary.