MAXIMUS Federal Services

Case Number:	CM14-0192561		
Date Assigned:	01/06/2015	Date of Injury:	09/07/1997
Decision Date:	02/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 76 year old male with an injury date on 9/7/97. The patient complains of back pain, and leg pain per 10/9/14 report. The patient's back pain is slightly better, and his leg pain is worse on the left side per 9/4/14. The patient underwent a multilevel lumbar fusion T10-sacrum from 4/23/13 and still has pain around instrumentation per 9/4/14 report. The patient is taking Percocet and is able to better stand/walk with medication per 8/14/14 report. Based on the 10/9/14 progress report provided by the treating physician, the diagnoses are:1. Lumbar disc displacement without myelopathy2. Chronic pain syndromeA physical exam on 10/9/14 showed "straight leg raise positive on right. Spasm/guarding noted on L-spine. L-spine motor strength is 5/5, sensation intact in lower extremities. No abnormalities in gait. Near ideal body weight." No range of motion testing was included in documentation. The patient's treatment history includes medications, lumbar fusion, intrathecal pain pump. The treating physician is requesting replacement of lift chair. The utilization review determination being challenged is dated 10/30/14. The requesting physician provided treatment reports from 5/1/14 to 10/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of lift chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Seat Lifts and Patient Lifts. Number: 0459

Decision rationale: This patient presents with back pain, leg pain. The treater has asked for replacement of lift chair on 10/9/14 "as lift chair provided for him years ago is now broken and does not work correctly." The ACOEM, MTUS and ODG Guidelines do not discuss chair lifts. AETNA guidelines support chair lifts or patient lifts if the patient is incapable of standing from a seated position, has severe arthritis of the hip or knee, once standing have the ability to ambulate, etc. In this case, the patient had prior use of a lift chair for several years. The patient complains of back pain following a lumbar fusion surgery, but there is no documentation of severe arthritis, nor is there a discussion regarding patient's inability to stand from a seated position. The physical examination show the patient is at a near ideal body weight and has no documented abnormalities in gait. Review of the physical examinations in the provided documentation does not show that the patient has any difficulties in rising from a seated position. The request IS NOT medically necessary.