

Case Number:	CM14-0194104		
Date Assigned:	12/01/2014	Date of Injury:	07/11/2002
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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 Geriatrics and is licensed to practice in New York. 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 67 year old man with a date of injury of 7/11/02. The most recent progress note is from a visit with his primary treating physician on 6/30/14. He complained of cervical and lumbar spine pain. His lumbar pain centered over his SI joints- right > left. His cervical pain radiated to his right arm with numbness and tingling. His exam showed tenderness in the cervical and lumbar paraspinals with decreased range of motion due to pain. He had a positive right sided Spurlings and right straight leg raise. He had a positive Faber and Patrick's test. At issue in this review is the request for a seat cushion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Seat cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workders compensation, Online Edition ; Chapter Low Back-Lumbar & Thoracic (Acute & Chronic); Mattress selection Chapter: Knee & Leg (Acute & Chronic) Durable medical equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: Overview of geriatric rehabilitation: Program components and settings for rehabilitation

Decision rationale: This 67 year old injured worker has a history of chronic pain in his cervical and lumbar spine. The exam was significant for tenderness to palpation of the paraspinals and restricted range of motion. He had a positive right straight leg raise. The medical records do not substantiate the degree of functional impairment of the injured worker with regards to ability to sit or why a seat cushion is medically justified. Therefore, this request is not medically necessary.