

Case Number:	CM14-0197328		
Date Assigned:	12/05/2014	Date of Injury:	05/07/2003
Decision Date:	01/23/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Texas. 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 58-year-old male who was injured at work on 05/07/2003. He is reported to be complaining of low back pain, hip pain, shoulder and leg pain. He needs a power chair 50% of the time. The physical examination revealed limited range of motion of the lumbar spine, positive straight leg raise on the left. The worker was diagnosed with lumbar degenerative disease with radiculopathy. Treatments have included Motrin, Nucynta, Kadian, Opiate pump and Soma. At dispute is the request for a Van with lift for transportation purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Van with lift: Upheld

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

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: Centers for Medicare and Medical Services
<http://www.medicare.gov/coverage/durable-medical-equipment-coverage.html>

Decision rationale: The injured worker sustained a work related injury on 05/07/2003. The medical records provided indicate the diagnosis of lumbar degenerative disease with

radiculopathy. Treatments have included Motrin, Nucynta, Kadian, Opiate pump and Soma. The medical records provided for review do not indicate a medical necessity for Van with lift. The MTUS is silent on this, however, the Official Disability Guidelines, and Centers for Medicare recommend only devices that are used at home. The Criteria include 1. Prescribed by a doctor 2. Long-lasting 3. Used for a medical reason 4. Not usually useful to someone who are not sick or injured 5. Can withstand repeated use, that is, could normally be rented, and used by successive patients. Therefore, the request is not medically necessary.