

<b>Case Number:</b>	CM15-0017329		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of August 19, 2011. In a Utilization Review Report dated January 15, 2015, the claims administrator denied a request for a reach grabber. The claims administrator noted that the applicant had undergone earlier lumbar spine surgery. A December 29, 2014 RFA form was referenced in the determination. The applicant had reportedly undergone spine surgery on June 21, 2012, the attending provider maintained. The applicant's attorney subsequently appealed. In an RFA form dated December 29, 2014, the attending provider sought authorization for a reach grabber, simethicone, Prilosec, Tenormin, Zestril, and Lantus. An associated progress note of December 29, 2014 stated that the applicant was presenting for a diabetic check and blood pressure check. No narrative commentary was provided. The documentation comprised almost entirely of pre-printed checkboxes. No rationale for the reach grabber was furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Reach Grabber:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable Medical Equipment (DME) <http://www.ncbi.nlm.nih.gov/pubmed/20131569>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** No, the request for a "reach grabber" was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 48, it is incumbent upon a prescribing provider to furnish a prescription for physical methods, which "clearly states treatment goals." Here, however, the attending provider's progress note of December 29, 2014 comprised almost exclusively of pre-printed checkboxes, with little-to-no associated narrative commentary provided. It was not stated what the reach grabber device in question represented and/or why it was needed here. Therefore, the request was not medically necessary.