MAXIMUS Federal Services

Case Number:	CM15-0135139		
Date Assigned:	07/23/2015	Date of Injury:	07/11/2002
Decision Date:	08/26/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/13/2015

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 neck pain reportedly associated with an industrial injury of July 11, 2002. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for a seat cushion. The claims administrator referenced a May 30, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On May 30, 2015, the applicant reported ongoing complaints of neck and low back pain with radiation of low back pain to the bilateral lower extremities. The applicant was on Fexmid, Nalfon, Paxil, Prilosec, Ultram, Norco, it was reported. Several of the same were refilled. Urine drug testing and a lumbar orthosis support with an associated seat cushion for support purposes while driving was sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Seat cushion: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 19th edition, DME.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

Decision rationale: Yes, the request for a seat cushion was medically necessary, medically appropriate, and indicated here. The attending provider stated in her May 30, 2015 progress note that the seat cushion was intended for use while the applicant was driving. The MTUS Guideline in ACOEM Chapter 1, page 9 notes that damping cushion such as the seat cushion at issue can be employed to reduce whole body vibration associated with motor vehicle operation. Introduction of the cushion was, thus, indicated to ameliorate complaints of vibration-induced back pain associated with driving, as suggested by the attending provider on May 30, 2015. Therefore, the request was medically necessary.