

Case Number:	CM15-0145288		
Date Assigned:	08/06/2015	Date of Injury:	02/06/2014
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 32 year old male, who sustained an industrial injury on 2-6-14. The injured worker has complaints of neck and low back pain. The documentation noted that the injured worker has mild tenderness at the joint itself. The diagnoses have included neck pain; cervical discogenic-facetogenic pain; cervical radiculitis without electromyography/nerve conduction study evidence of radiculopathy and mild bilateral carpal tunnel syndrome. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 3-21-14 was unremarkable; right carpal tunnel release on 1-22-15; hand therapy; left carpal tunnel release on 4-1-15; Norco; Gabapentin; amitriptyline; dexilant and injections. The request was for light weight body armor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Light weight body armor: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Mattress selection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter a-DME and pg 21.

Decision rationale: According to the guidelines, DME can include those items needed for medical need .In this case, the request is for body armor that is light weight for occupational needs due to claimant's neck pain. Since it does not serve a primary medical purpose, the request for the light weight body armor is not supported by the guidelines and is not medically necessary.