

<b>Case Number:</b>	CM15-0161185		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: North Carolina

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 30 year old female, who sustained an industrial injury on 3-25-13. Initial complaint was a fall onto her coccyx resulting in pain. The injured worker was diagnosed as having ileolumbar strain; lumbosacral strain; coccydynia; sacral contusion. Treatment to date has included physical therapy; chiropractic therapy; TENS unit; coccygeal injection; urine toxicology screening; medications. Diagnostics studies included MRI lumbar spine (5-22-13). Currently, the PR-2 notes dated 7-29-15 indicated the injured worker complains of lower backache and coccyx pain. She reports the pain has decreased since her last visit and indicated the pain level to the lower back and coccyx is now 2 out of 10 with medications. It would be 7 out of 10 without medications. She reports still working and taking her medications as prescribed. She has completed a coccygeal injection on 7-10-15 which she reports decreased her pain significantly greater than 70%. As she also reports completing pain coping skills on 6-24-15 and found the program of great benefit. She now reports continued pain despite medication Norco 1-2 tabs daily PRN on this date. A MRI of the lumbar spine dated 5-22-13 is documented by the provider as showing a coccyx fracture. Surgical intervention was not recommended but physical therapy, chiropractic therapy, coccygeal injections, lumbar epidural injections and sacroiliac injections were suggested. The provider may consider lumbar epidural injections. The provider is requesting authorization of Mechanical adjustable height work table, Qty 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mechanical adjustable height work table, Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Durable medical equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. Therefore, the request is not medically necessary.