

Case Number:	CM15-0185563		
Date Assigned:	09/28/2015	Date of Injury:	07/02/2001
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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:

This is a 66 year old male with a date of injury of July 2, 2001. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, lumbar radiculopathy, and lumbar pain. Medical records dated May 19, 2015 indicate that the injured worker presented for an intrathecal pump refill, and that he was not having any significant breakthrough pain. A progress note dated June 16, 2015 notes a similar report from the injured worker to that noted on May 19, 2015. The physical exam dated May 19, 2015 reveals loss of lumbar lordosis with diffuse muscle tightness. The progress note dated June 16, 2015 documented a physical examination that showed no changes from the examination conducted on May 19, 2015. Treatment has included an intrathecal pump and medications (Amitriptyline since at least June of 2015). The original utilization review (September 3, 2015) non-certified a request for the purchase of a lift chair for lumbar or sacral vertebrae.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a lift chair for the lumbar and/or sacral vertebrae: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Power Mobility Devices.

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

Decision rationale: ODG states that durable medical equipment is generally recommended if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. This patient reportedly does not experience significant pain due to an intrathecal pain pump. Therefore, there is an inconsistency in the medical records concerning the pain level and the reported therapeutic benefit of the intrathecal pump. There is no evidence of neurologic deficit, which would account for weakness requiring an aide to arising. There has also been no other discussion of other approaches which may assist this individual and arising from a seated position besides the lift chair. This lift chair does not meet Medicare's definition of medical equipment. There is no medical basis for its use. This lift chair is not medically necessary.