

Case Number:	CM15-0191712		
Date Assigned:	10/05/2015	Date of Injury:	04/27/2010
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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: California, 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 60 year old male, who sustained an industrial injury on 4-27-2011. The injured worker was being treated for chronic pain syndrome, cervical radiculopathy, and chronic sacroiliac joint pain. On 8-31-2015, the injured worker reported ongoing neck, upper back, low back and "rump" pain, rated 6 out of 10. The injured worker reported ongoing inability to sleep in a bed due to discomfort. He reported that he sleeps in a recliner and gets up 3-4 times per night. He rated his sleep 6 out of 10. The physical exam (8-31-2015) revealed mild distress, mild lateral kyphosis of the back, and a gait of old age. Surgeries to date have included multilevel anterior-posterior lumbar fusion in 2005, insertion of spinal cord stimulator in 2012, and neck surgery on 5-26-2015. Treatment has included physical therapy, a home exercise program, sacroiliac joint injections, cervical medial branch blocks, spinal cord stimulator, a selective nerve root block, and medications including short-acting and long-acting pain, anti-epilepsy, and non-steroidal anti-inflammatory. The requested treatments included a back chair for sleep. On 9-1-2015, the original utilization review non-certified a request for a back chair for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back chair for sleep: 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), Knee & Leg/Durable medical equipment.

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

Decision rationale: CA MTUS/ACOEM does not specifically address a back chair for sleep. However the ODG does address durable medical equipment (DME), defined as equipment that can withstand repeated use (could normally be rented and used by successive patients), and is primarily and customarily used to serve a medical purpose. In this case, the patient is requesting a back chair for sleep due to chronic back pain. This type of equipment cannot withstand repeated use by successive patients. A back chair is also not primarily or customarily used to serve a medical purpose. Therefore, the request is not medically necessary or appropriate.