

Case Number:	CM15-0198494		
Date Assigned:	10/13/2015	Date of Injury:	06/20/2006
Decision Date:	12/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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 38-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 20, 2006. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve a request for a 'ring cushion.' The claims administrator referenced an August 25, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On the August 25, 2015 office visit in question, the applicant reported 7/10 low back pain complaints. The applicant was working full time, it was suggested in one section of the note. The applicant was given refills of Topamax, Neurontin, Flexeril, Tizanidine, Prilosec, and Tylenol. Little-to-no seeming mention of the ring cushion in question was made. Said ring cushion was, however, endorsed via an RFA form dated September 3, 2015, without much supporting rationale or commentary. A July 22, 2015 office visit stated that the applicant's pain complaints were exacerbated with prolonged sitting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ring cushion for sacrococcygeal region: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Prevention.

Decision rationale: Yes, the proposed ring cushion was medically necessary, medically appropriate, and indicated here. The request in question appeared to represent a request for a cushion to be employed in conjunction with work from a sitting position. i.e., the ring cushion appeared to represent a seating support. The MTUS Guideline in ACOEM Chapter 1, page 9 notes that seating should generally be at a height of 16-20 inches with a lumbar support and adjustable reclining back with a firm, flat adjustable seat pan with a rounded edge to facilitate prolonged sitting. Here, the attending provider suggested on July 22, 2015 that the applicant's job duties involved prolonged sitting. Provision of a ring cushion or seat cushion was, thus, indicated in conjunction with the same. Therefore, the request is medically necessary.