

<b>Case Number:</b>	CM15-0024285		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	05/21/1985
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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

### 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 62 year old male who sustained an industrial injury on 05/21/1985. Current diagnoses include lumbosacral spondylosis without myelopathy, lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration, lumbar facet syndrome, knee pain, and fracture of tarsal and metatarsal bones. Previous treatments included medication management, ice/heat, stretching, acupuncture, relaxation techniques, sacroiliac joint radio-frequency ablation left side, and home exercise program. Report dated 01/06/2015 noted that the injured worker presented with complaints that included low back and right knee pain, and right knee joint stiffness, swelling, myalgias, numbness, tingling and weakness. Physical examination was positive for abnormal findings. Report dated 10/30/2014 notes that the injured workers previous reclining chair is broken, and that the chair allows him to sit for longer periods of time in a reclining chair. Utilization review performed on 01/20/2015 non-certified a prescription for 9500X human touch reclining massage chair for the lumbar spine, based on the guidelines specify that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition. However, massage chairs are not considered as primarily medical in nature and is normally of use to persons who do not have a disease or injury. The reviewer referenced the Official disability Guidelines in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9500X Human touch reclining massage chair for lumbar spine: 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) Treatment in Worker's Compensation, Online Edition Chapter: Knee & Leg (acute & chronic) 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 Chapter Knee & Leg, DME.

**Decision rationale:** The 62 year old patient presents with pain in the lower back and right knee along with joint pain, swelling, stiffness, numbness and tingling, as per progress report dated 01/06/15. The request is for 9500 X HUMAN TOUCH RECLINING MASSAGE CHAIR FOR LUMBAR SPINE. The RFA for this case is dated 01/09/15, and the patient's date of injury is 05/21/85. The pain is 4/10 with medications and 8/10 without medications, as per progress report dated 01/06/15. Medications included Tizanidine, Flomax, Lamictal, Prevacid, Proscar, Vivactil and Zoloft. Diagnoses included lumbosacral spondylosis, lumbar disc displacement, lumbar disc degeneration, lumbar facet syndrome, knee pain, and fracture of tarsal and metatarsal bones. The patient's work status is not known. ODG guidelines, Chapter Knee & Leg and Title DME, states that "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)" DME is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below." In this case, the patient suffers from low back pain. In progress report dated 12/04/14, the treater states that the patient "desperately needs a new reclining chair." The existing chair has been repaired 5 times and its 5-year warranty period has expired. The patient, therefore, wants a replacement. The treater, however, does not document any improvement in pain or function due to prior use. The medical purpose of this request is not known. Hence, the request IS NOT medically necessary.