MAXIMUS Federal Services

Case Number:	CM15-0041529		
Date Assigned:	03/11/2015	Date of Injury:	04/11/2000
Decision Date:	04/24/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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 67 year old female, who sustained an industrial injury on April 11, 2000. The injured worker was diagnosed as having osteoarthritis of bilateral knees, myofascial sprain of the lumbar spine, morbid obesity, peripheral neuropathy of bilateral feet, and lumbosacral multiple disc protrusion. Treatment to date has included work modifications, acupuncture, a cane for ambulation, topical pain patches and cream, and an MRI of the lumbar spine was performed on November 19, 2014. The magnetic resonance imaging revealed multilevel significant lateral recess narrowing. On January 2, 2015, the injured worker complains of severe low back pain radiating to bilateral legs with numbness and tingling, and severe bilateral knee pain. The physical exam revealed palpable tenderness, spasm, and decreased range of motion of the lumbar spine. There was palpable tenderness and decreased range of motion of the bilateral knees. The treatment plan includes a replacement work chair and a pain management consultation for a lumbosacral epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of work chair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Durable Medical Equipment.

Decision rationale: According to the ACOEM guidelines, the primary prevention of work-related complaints depends on reducing exposure to physical, personal, and psychosocial stressors. According to ODG, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. In this case, a work chair is not supported per Medicare's definition of durable medical equipment. The medical records do not establish evidence of physical deficits that would require a specific work chair. The request for replacement of work chair is not medically necessary.

Pain management consultation to evaluate lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines for Independent Medical Examination and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker is in the chronic phase of injury and continues to complain of significant low back pain associated with radiation into the bilateral lower extremities. There is evidence of multilevel significant lateral recess narrowing on imaging studies. The request for pain management consultation to evaluate lumbar spine is medically necessary.