MAXIMUS Federal Services

Case Number:	CM15-0045932		
Date Assigned:	03/18/2015	Date of Injury:	12/11/1992
Decision Date:	04/23/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/10/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 61-year-old female who sustained an industrial injury on 12/11/1992. The original injury involved the left shoulder, neck, lower back area, internal organs, mental/physical and upper back. Diagnoses include acute paraplegia, cervical disc herniation (C2-3 and C3-4), status post posterior spinal fusion (T5-L1), thoracolumbar hardware removal and exploration of fusion, s/p bilateral craniotomy, s/p L1-2 transforaminal lumbar interbody fusion removal of hardware at L2-L4 and revision decompression with revision of posterior spinal fusion, L1-L3, s/p anterior-posterior fusion L3-S1 with subsequent removal of hardware, s/p revision of anterior-posterior lumbar fusion L2-3 and T6-7 laminectomy.Treatment to date has included medications, spine surgeries, psychotherapy, physical therapy and injections. Diagnostics performed to date included x-rays, CT scans and myelogram, MRIs, labs and lower extremity electrodiagnostic studies. According to the progress notes dated 1/5/15, the IW reported she was unable to move her extremities since she fell previously. The IW mobilized by wheelchair or motorized scooter. The requested service, wheelchair-accessible van, was included in the treatment plan due to the continuing need for medical care for this IW.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair Accessible Van: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: The ACOEM Chapter 2 on General approaches to pain indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support the use of wheelchair accessible van. Further, both MTUS and ODG are silent on this topic. It appears that calls were made to clarify this issue with the treating physician and there is no discussion to review. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established.