

<b>Case Number:</b>	CM15-0047763		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	10/17/2007
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: New Jersey, New York  
 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 55-year-old female, who sustained an industrial injury on 10/17/2007. She reported a trip and fall on uneven concrete. The injured worker was diagnosed as having paraplegia, Brown-Sequard syndrome, neurogenic bladder and bowel and back pain. There is no record of recent diagnostic studies. Treatment to date has included acupuncture, aquatic therapy, lumbar surgery, spinal cord stimulator trial, physical therapy and medication management. Currently a note from 12/19/2014, the injured worker complains of worse pain due to the weather and improved movement with therapy. In a Request for Authorization dated 1/12/2015, the treating physician is requesting a back-up video camera.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back Up Video Camera:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmed/17543879> - Postural support strategies of disabled drivers and the effectiveness of postural support aids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postural support strategies of disabled drivers and the effectiveness of postural support aids. Appl Ergon. 2008 Jan;39(1):47-55. Epub 2007 Jun 1.

**Decision rationale:** The request for a back up video camera is not medically necessary. MTUS and ODG do not provide guidelines for the need of a video camera. The patient is a paraplegic with weakness of bilateral lower extremities. On exam, the patient had normal motor strength 5/5 of her upper extremities. She was not documented to have any physical impairments of her cervical spine. There is no documentation as to why she would be unable to turn her head to operate her car. Therefore, the request is considered not medically necessary.