MAXIMUS Federal Services

Case Number:	CM15-0050582		
Date Assigned:	03/24/2015	Date of Injury:	03/27/2014
Decision Date:	05/13/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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 35-year-old male, who sustained an industrial injury on 3/27/14. The documentation on 2/16/15 noted that the injured worker has complaints of having a flare of similar symptoms due to shoveling a full shovel of mud when he felt his back go out. Right lower back pain with radiating numbness radiating down thigh. The documentation noted that he planning to have surgery first week in March. Examination noted he has positive straight leg raise left and right at 30 degrees. The documentation noted that since last exam, this patient's condition has worsened and reached plateau and no further improvement is expected. The diagnoses have included sprain and strain of unspecified site of back and radiculopathy lumbar. Treatment to date has included epidural steroid injections; physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seat Cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Knee and Leg Chapter, Durable Medical Equipment.

Decision rationale: The patient has a date of injury of 03/27/14 and presents with complaints of a flare-up of his lower back pain. The patient reports radiating pain and numbness down the right thigh. The current request is for seat cushion. The MTUS and ACOEM Guidelines do not address this request. ODG-TWC, Knee and Leg Chapter, under Durable Medical Equipment states: "Recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home." The treating physician has not provided any discussion regarding the requested seat cushion. There is no discussion on why it is medically necessary and how it is to be used. In this case, a cushion used for extra padding or support is not medically necessary; therefore, the request is not medically necessary.