

<b>Case Number:</b>	CM15-0054734		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	09/07/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, 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 is a 54-year-old female, with a reported date of injury of 09/27/2014. The diagnoses include lumbar spine strain with bilateral radiculitis and disc protrusion, thoracic strain, and resolved left hand strain. Treatments to date have included oral medications, topical pain medication, an MRI of the lumbar spine, trigger point injections to the lumbar spine, chiropractic treatment for the lumbar spine, and physical therapy. The progress report dated 02/27/2015 indicates that the injured worker complained of thoracic spine pain and lumbar spine pain. The thoracic spine pain was rated 8 out of 10, and the lumbar spine pain was rated 8 out of ten. The thoracic pain was increased with stooping and bending. The lumbar pain was described as tightness with a lot of spasm. The objective findings were documented as no change since last visit on 02/03/2015. The treating physician requested a handicap placard for three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: handicap placard x 3 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.dmv.org/articles/what-qualifies-as-a-disability/>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed by MTUS, Section 9292.21c of Title 8 Page(s): 2. Decision based on Non-MTUS Citation DMV Guidelines.

**Decision rationale:** In the case of this request, the California Medical Treatment Utilization Schedule does not contain specific guidelines on this particular request. Therefore, state DMV guidelines are cited. It is further noted that the Official Disability Guidelines and ACOEM do not have provisions for this request either. In fact, it is unclear why the requesting provider is asking the claims administrator for the handicap placard. These placards are issued on a permanent or temporary basis by the California Dept of Motor Vehicles, and the claims administrator has no authority to issue or revoke this type of placard. This request is not something that is addressed by the claims administrator. Therefore, the request for a DME: handicap placard x 3 months is not medically necessary.