

<b>Case Number:</b>	CM15-0081758		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/06/2005
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 60 year old male, who sustained an industrial injury on 7/6/05. The injured worker has complaints of right hip pain and low back pain. The diagnoses have included chronic pain syndrome; lumbar spine sprain/strain, with multilevel disc bulges and facet hypertrophy with radiculopathy; status post anterior lumbar interbody fusion with instrumentation at L4-5 and L5-S1 (sacroiliac); right hip partial tear of right gluteus medius and small undersurface tear of acetabular labrum on right , per magnetic resonance imaging (MRI) on 3/7/12. Treatment to date has included oxycodone; Tylenol #4; nexium; cymbalta; flector patches and lyrica; physical therapy; psychological support; H-wave unit; right hip surgery and cane for stability. The request was for cushion seat for lumbar spine/right hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cushion seat for lumbar spine/right hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation ODG-TWC, Knee and Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The patient was injured on 07/06/05 and presents with low back pain and right hip pain. The request is for CUSHION SEAT FOR LUMBAR SPINE/RIGHT HIP. The RFA is dated 03/19/15 and the patient's work status is not provided. The report with the request is not provided nor do any of the reports discuss this request. 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." ACOEM page 262 regarding ergonomics states, "The clinician may recommend work and activity modifications or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence. The employer's role in accommodating activity limitations and preventing further problems through ergonomic changes is key to hastening the employee's return to full activity." The patient is diagnosed with chronic pain syndrome, lumbar spine sprain/strain, with multilevel disc bulges and facet hypertrophy with radiculopathy, status post anterior lumbar interbody fusion with instrumentation at L4-5 and L5-S1 (sacroiliac), right hip partial tear of right gluteus medius and small undersurface tear of acetabular labrum on right , per MRI on 03/07/12. 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 a medically necessity; therefore, the request IS NOT medically necessary.