MAXIMUS Federal Services

Case Number:	CM15-0091106		
Date Assigned:	05/15/2015	Date of Injury:	06/09/1992
Decision Date:	07/10/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/12/2015

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: Florida
Certification(s)/Specialty: Neurology, 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 56 year old, male who sustained a work related injury on 6/9/92. The diagnoses have included lumbosacral sprain/strain, multilevel lumbar disc bulges and morbid obesity. Treatments have included oral medications, Toradol injections, physical therapy, TENS unit therapy and use of a wheeled walker. In the PR-2 dated 3/16/15, the injured worker complains of severe neck pain with radiation to both arms. He complains of severe low back pain with radiation to both legs. He states pain interferes with activities of daily living. He has tenderness to palpation of cervical spine with spasm. He has decreased range of motion in cervical neck. He has tenderness to palpation of lumbar spine with spasm. He has decreased range of motion in low back. He has recently fallen up some stairs. The treatment plan includes requests for a pain management consultation, a shower modification, for home health assistance, for an electric wheelchair and a re-request for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Office consultation) pain management consultation for epidural injection to the lower back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical examination and Consultations Harris J. Occupational Medicine Practice Guidelines, 2nd Edition (2004), pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Edition (2008 revision), pp. 503.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain referral treatment Page(s): 301-310.

Decision rationale: The medical records indicate neurologic symptoms of severe pin and tenderness with cervical pain and lumbar DJD. MTUS supports specialty referral to aid the primary physician with diagnostic and management of conditions outside their area of specialty. Pain consultation is supported to provide primary treating physician with information for diagnosis, treatment and prognosis of pain findings. Therefore, the request is medically necessary.

DME heavy duty wheeled walker: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, orthotic device.

Decision rationale: The medical records report pain in the cervical and lumbar spine. There is no documentation of physical or occupational therapy assessment demonstrating functional deficits in support of need of orthotic device: wheeled walker. ODG guidelines support the necessity of device when there is ergonomic evaluation demonstrating functional assessment that supports a deficit that will benefit from use of device. As the medical records do not support the presence of documented need, there is no support for this device. Therefore, the request is not medically necessary.

Motorized wheelchair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices. Decision based on Non-MTUS Citation Official Disability Guidelines
-Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, orthotic device, DME.

Decision rationale: The medical records report pain in the cervical and lumbar spine. There is no documentation of physical or occupational therapy assessment demonstrating functional deficits in support of need of orthotic device-motorized wheelchair. ODG guidelines support the

necessity of device when there is ergonomic evaluation demonstrating functional assessment that supports a deficit that will benefit from use of device. As the medical records do not support the presence of documented need, there is no support for this device. Therefore, the request is not medically necessary.

Patient life bathroom or toilet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg , DME.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, DME.

Decision rationale: The medical records report pain in the cervical and lumbar spine. There is no documentation of physical or occupational therapy assessment demonstrating functional deficits in support of need of orthotic device - life bathroom. ODG guidelines support the necessity of device when there is ergonomic evaluation demonstrating functional assessment that supports a deficit that will benefit from use of device. As the medical records do not support the presence of documented need, there is no support for this device. Therefore, the request is not medically necessary.

Ramp: 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 - low back, DME.

Decision rationale: The medical records report pain in the cervical and lumbar spine. There is no documentation of physical or occupational therapy assessment demonstrating functional deficits in support of need of orthotic device- ramp. ODG guidelines support the necessity of device when there is ergonomic evaluation demonstrating functional assessment that supports a deficit that will benefit from use of device. As the medical records do not support the presence of documented need, there is no support for this device. Therefore, the request is not medically necessary.