

Case Number:	CM14-0138109		
Date Assigned:	09/05/2014	Date of Injury:	07/20/2006
Decision Date:	10/23/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Neurological Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 47 year old male was reportedly injured on July 20, 2006. The mechanism of injury is noted as cumulative trauma to the low back. The most recent progress note, dated September 9, 2014, indicates that there are ongoing complaints of chronic neck pain. This handwritten progress note is partially illegible. The remaining complaints cannot be deciphered. The claimant is documented as being status post cervical fusion in 2008. Additional documentation indicates that epidural steroid injections were prior to this appointment. The physical examination is illegible. The clinician indicates that a muscle skeletal examination was not performed. The diagnosis provided is preoperative clearance and chronic neck pain with radiculopathy. The most recent legible physical examination is dated July 1, 2014 revealed tenderness to palpation over the cervical facets from C3-C7, pain is noted with cervical range of motion and upper extremity strength is diminished bilaterally, decreased sensation is noted over the right shoulder, and deep tendon reflexes are diminished in the right upper extremity. No radiology reports of been provided. An Epidurogram was performed and demonstrate extrusion of contrast at C5-6. Previous treatment includes cervical fusion. The legible documents submitted for review do not indicate a request for durable medical equipment that require an in office fitting. A request was made for in office fitting and was not certified in the preauthorization process on August 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

In office fitting: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 9, 298 and 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Durable Medical Equipment

Decision rationale: The Official Disability Guidelines (ODG) supports the use of durable medical equipment when the criteria for durable medical equipment has been met including that it is primarily utilized for a medical purpose and is reusable. The clinician has not indicated in the legible documents what type of durable medical equipment has been requested. As such, it is impossible to determine medical necessity of the requested in office fitting without additional information regarding what type of equipment is being requested. This request is considered not medically necessary.