

<b>Case Number:</b>	CM14-0144901		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/09/2007
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Family Medicine 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 injured worker is a 52-year old female who had a work related injury on 03/09/07. Mechanism of injury was cumulative trauma. She was basically sitting at a desk answering telephones and mostly sitting and occasionally standing and walking. She would sometimes carry coins, etc. on the job. She started having low back pain which became worse. She thought it was probably from her kidneys and she went to her primary care physician at [REDACTED] and was started on pain medication around 10/06. She had an MRI of her lumbosacral spine in 2007 which showed she had a grade 1 spondylolisthesis at L5-S1 and she had L5-S1 disc narrowing and no definite disc protrusion. Most recent clinical documentation submitted for review was dated 08/06/14. The injured worker was complaining of moderate to severe low back pain. More difficulty was getting from the sitting position. Lyrica made her sick. On physical examination revealed well appearing, well groomed. It was appeared stated age. No apparent distress. Moderate tenderness was in the left lumbar paraspinals. Range of motion was 50% of normal in flexion, 0% of normal in extension. Rotation and lateral bend to the right was 25% of normal, to the left was 25% of normal. Straight leg raise was positive. Hip examination, non-tender, negative Fair and negative Faber test. Sacral compression was non tender. She had weak heel strike and push off. Positive antalgic gait. Used a cane. She had normal motor strength of 5/5 in all muscle groups tested in the lower extremities except for left knee extension, dorsiflexion hip flexion rated 4/5. Sensory examination showed decreased to light touch and pin prick in the left lateral leg and knee. Reflexes were 2/4 in the right knee and ankles and 1/4 in the left knee. Babinski was negative. No evidence of clonus. Diagnosis was lumbar spine pain, Lumbar spine disc herniation without myelopathy, Spinous function. Prior utilization review on 08/13/14 was non-certified for Tylenol #3 and electric reclining medical

chair. Current request was for Tylenol #3 no amount specified. Electrical reclining medical chair.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tylenol #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids for chronic pai.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** The request for Tylenol #3 is not medically necessary. The clinical documentation submitted for review does not support the request. There is no clinical documentation indicating that the patient has pain that would warrant the use of the requested medication. As such, Tylenol #3 is not medically necessary.

**Electrical Reclining Medical Chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.spinlife.com/category.cfm?categoryID=47>

**Decision rationale:** The request for electrical reclining medical chair is not medically necessary. The clinical data submitted for review does not support the request. There is no clinical documentation addressing the need or the reason for the electrical reclining medical chair. As such, Electrical Reclining Medical Chair is not medically necessary.