

Case Number:	CM14-0158360		
Date Assigned:	10/01/2014	Date of Injury:	06/29/2013
Decision Date:	11/06/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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 Preventive 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:

According to the records made available for review, this is a 57-year-old female with a 6/29/13 date of injury. At the time (8/5/14) of request for authorization for Ergonomic Chair for lumbar spine, there is documentation of subjective (persistent lower back pain) and objective (decreased range of motion of the lumbar spine, tenderness to palpitation over the paraspinal muscles, hypertonicity over the right paraspinal muscles, positive Kemp's testing bilaterally, decreased sensation in the left lower extremity, and decreased deep tendon reflexes) findings, current diagnoses (lumbosacral sprain/strain, muscle spasm, and phobia disorder), and treatment to date (physical therapy and medication). Medical reports identify a request for ergonomic chair for lumbar spine as a medical treatment. There is no documentation that the requested durable medical equipment (DME) can withstand repeated use (could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic Chair for lumbar spine: 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 (ODG) Knee, Durable medical equipment (DME) Other Medical Treatment Guideline or Medical Evidence: <http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/medical-necessity-definitions>

Decision rationale: MTUS does not address this issue. ODG identifies documentation that the requested durable medical equipment (DME) can withstand repeated use (i.e. could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, as criteria necessary to support the medical necessity of durable medical equipment. Medical Treatment Guideline identifies documentation that the request represents medical treatment in order to be reviewed for medical necessity, as criteria necessary to support the medical necessity of Ergonomic Chair for lumbar spine. Within the medical information available for review, there is documentation of diagnoses of lumbosacral sprain/strain, muscle spasm, and phobia disorder. In addition, despite documentation that the request represents "medical treatment", there is no documentation that the requested durable medical equipment (DME) can withstand repeated use (could normally be rented, and used by successive patients); and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury. Therefore, based on guidelines and a review of the evidence, the request for Ergonomic Chair for lumbar spine is not medically necessary.