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| Case Number: | CM14-0168711 | | |
| Date Assigned: | 10/16/2014 | Date of Injury: | 03/14/2003 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 50 year old male who was injured on 3/14/2003. The diagnoses are low back pain and status post lumbar fusion. There are associated diagnoses of constipation, alcoholism, anxiety, depression, mood disorder, obstructive sleep apnea and erectile dysfunction. The past surgery history is significant for lumbar spine laminectomy, fusion and revision surgeries. ■■■ noted that the patient completed narcotic detox treatment. The patient is utilizing interferential unit, Cane and a lumbar support. The patient is unable to attend PT and has an open abdominal wound. The medications are Wellbutrin, Cymbalta. A Utilization Review determination was rendered on 9/18/2014 recommending non certification for DME: Home Massage Chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home massage 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,Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. DME

Decision rationale: The CA MTUS did not address the use of Durable Medical Equipment (DME). The ODG guidelines recommend that DME can be utilized to decrease pain and increase function. The records indicate that the patient is utilizing a Cane, a Lumbar Support and an Interferential Unit but did not observe any decrease in pain or increase in function. The patient is complaining of generalized body pain, deconditioning, and multiple psychosomatic disorders. The presence of open wound is also a relative contraindication to massage therapy. There is no indication that the use of a massage chair will impact significant decrease in pain or increase in function to the patient. The criterion for the use of Home Massage chair was not met.