MAXIMUS Federal Services

Case Number:	CM14-0156900		
Date Assigned:	09/26/2014	Date of Injury:	08/04/2011
Decision Date:	01/05/2015	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational 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 patient is a 35 year-old female with a date of injury of 08/04/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/10/2014, lists subjective complaints as pain in the low back with radicular symptoms to the legs. Objective findings: Examination of the lumbar spine revealed allodynia on touch over the paraspinal muscles. The patient uses a walker and has an antalgic gait. Active forward flexion and extension was barely perceptible. Straight leg raising test was negative. Facet stress test was not attempted due to obvious pain. Sensation was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. Motor and reflex testing was normal. The diagnosis included lumbar strain/sprain, lumbar facet arthropathy, anxiety, lumbar radiculitis, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program for the Lumbar Spine (unspecified frequency and duration): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 30-34.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Chronic pain programs (functional restoration programs)

Decision rationale: The criteria for admission to a multidisciplinary pain management program delineated in the Official Disability Guidelines are numerous and specific. The medical record must document, at a minimum, which previous methods of treating the patient's chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In addition, an adequate and thorough multidisciplinary evaluation has been made. There should be documentation that the patient has motivation to change, and is willing to change their medication regimen (including decreasing or actually weaning substances known for dependence). There should also be some documentation that the patient is aware that successful treatment may change compensation and/or other secondary gains. The medical record does not contain documentation of the above criteria. Functional Restoration Program for the lumbar spine (unspecified frequency and duration) is not medically necessary.

Durable Medical Equipment: Walker with hand brakes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Durable Medical Equipment

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: Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014

Decision rationale: According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including:- There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, licensed physical therapist, occupational therapist, or nurse; and- There is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease; and- The documentation supports that the requested DME will restore or facilitate participation in the individual's usual IADL's and life roles.The criteria for a walker with hand brakes have not been met. Therefore, the request for durable medical equipment (DME): walker with hand brakes is not medically necessary.