

<b>Case Number:</b>	CM14-0197268		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Emergency 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:

This 53 year old male sustained work related industrial injuries on July 25, 2012. The mechanism of injury involved the injured worker sustaining injury to his lower back while on a treadmill at work. The injured worker subsequently complained of spraining injury to back with ongoing bilateral extremity weakness, greater on the left side than right. The injured worker was diagnosed and treated for lumbar strain and sciatica. The injured worker underwent right shoulder surgery on January 28, 2014 per medical report dated August 27, 2014. The injured worker's treatment consisted of diagnostic studies, medication management, physical therapy, lumbar traction trial therapy, consultations and periodic follow up visits. According to the treating provider report dated November 7, 2014, objective findings revealed low back tenderness and decreased sensation in the lateral left leg. Documentation also noted that the injured worker's sitting straight leg raises were bilaterally positive for lower extremity radiation. The injured worker reported past stumbling episodes and concerns for severe spinal injuries with recommendations for a medical alert bracelet. As of September 25, 2013, the injured worker remains permanent and stationary. The treating physician prescribed request for medical alert necklace now under review. On November 19, 2014, Utilization Review evaluated the prescription for medical alert necklace requested on November 12, 2014. Upon review of the clinical information, UR non-certified the request for medical alert necklace, noting lack of medical treatment and evidence based guidelines to support the medical necessity for equipment. Additionally, the lack of evidence to support that medical alert necklace qualifies as durable medical equipment. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical alert necklace:** 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 Other Medical Treatment Guideline or Medical Evidence: HI 00610.200 Definition of Durable Medical Equipment

**Decision rationale:** TThe requested medical alert necklace is not medically necessary. CA MTUS is silent but Medicare/Medicaid guidelines noted that durable medical equipment is primarily of a medical purpose. The injured worker has had past stumbling accidents. The treating physician has documented low back tenderness and decreased sensation in the lateral left leg. Documentation also noted that the injured worker's sitting straight leg raises were bilaterally positive for lower extremity radiation. The treating physician has not documented sufficient medical necessity for this item, nor establishes the item as durable medical equipment. The criteria noted above not having been met, medical alert necklace is not medically necessary.