

<b>Case Number:</b>	CM15-0014197		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old female who reported an injury on 09/25/2013. The mechanism of injury was not stated. The current diagnoses include sacroiliitis, degenerative lumbar or lumbosacral intervertebral disc, and lumbago. The injured worker presented on 09/24/2014 for a followup evaluation. Upon examination, there was restricted movement in all directions. It was noted that the injured worker had been previously treated with a piriformis injection and a course of physical therapy. The injured worker was utilizing naproxen. Recommendations at that time included continuation of the current medication regimen, as well as a functional capacity evaluation to define specific abilities and restrictions. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ergonomic 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 (ODG), Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meet Medicare's definition of durable medical equipment. In this case, there was no documentation of a musculoskeletal or neurological deficit upon examination. It is unclear how the requested item will specifically address the injured worker's current condition or improved function. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.