

Case Number:	CM15-0117803		
Date Assigned:	06/26/2015	Date of Injury:	01/05/1981
Decision Date:	07/27/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 75-year-old male who sustained an industrial injury on 1/5/81 injuring his low back while lifting a cylinder and twisting to the left. He sustained a disc herniation and had a laminectomy/ discectomy. He currently complains of worsening chronic low back pain. He has radicular pain in the right leg and hip associated with lateral thigh numbness and weakness. On physical exam, the straight leg raise was positive right lower extremity. Medications were Norco, methotrexate, Prednisone. Diagnoses include L5-S1 spondylosis with recurrent disk herniation, status post L5-S1 mini-open transforaminal lumbar interbody fusion with posterior pedicle screw fixation at bilateral L5-S1 with PEEK cage placement (5/18/15). Treatments to date include medications providing good relief; epidural steroid injections (8/2014) with temporary relief. Diagnostics include abdominal x-ray (5/20/15) findings possibly related to colonic ileus; lumbar spine x-ray (5/19/15) showing status post lower lumbar fusion surgery; MRI of the lumbar spine (2012) showing severe degenerative disc disease and repeat MRI showed degenerative disc disease at L5-S1 with recurrent persistent herniated nucleus pulposus at L5-S1; MRI of the lumbar spine 5/6/15) showing mild retrolisthesis of L5-S1, disc bulging, facet arthropathy and ligamentous hypertrophic changes. On 5/22/15 Utilization, review evaluated a request for an electric recliner.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) electric recliner: 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 ODG- knee chapter and DME- pg 21.

Decision rationale: According to the guidelines, the term DME is defined as equipment which: (1) Can withstand repeated use, i. e. , could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. In this case, the guidelines do not comment on a recliner. However, the request for the recliner is not substantiated for medical purposes. There is also no indication that a manual chair or reclining with mechanical form of elevation would provide any less functional benefit. As a result, the request for an electric recliner is not medically necessary.