

Case Number:	CM15-0175845		
Date Assigned:	09/14/2015	Date of Injury:	10/25/2004
Decision Date:	10/20/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/08/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a female of an undetermined age, as her date of birth is not noted in the medical records provided. She reported an industrial injury on 20-25-2004; and pudanal (difficult to decipher) neuropathy. Her diagnoses, and or impression, were noted to include: pelvic floor myalgia with spasms. No current imaging studies were noted. Her treatments were noted to include: periodic botulinum injections (10-21-14); Alpha 2 "macrogloblin" (A2M) treatments; and a gel seat. The progress of 7-27-2015 reported 50% relief in both pain and improvement in function, x 6 months from the botulinum injection from the previous January, before wearing off and everything being back again. Objective findings were noted to include tenderness and tightness in the pelvic floor. The physician's requests for treatments were noted to include a replacement Gel Seat for pain relief. The Request for Authorization for the gel seat was not noted in the medical records. The Utilization Review of 8-4-2015 denied the request for the gel seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gel seat: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004,
Section(s): Prevention, Cornerstones of Disability Prevention and Management.

Decision rationale: The requested gel seat is not a medical device or durable medical equipment that is proven to be effective for the IW's diagnosis of pelvic floor myalgia. There are no medical records that suggest a gel seat is an appropriate intervention for her chronic pain. Without evidence of medical necessity in the guidelines or medical records, the requested gel seat is not medically necessary.