

Case Number:	CM13-0030920		
Date Assigned:	11/27/2013	Date of Injury:	07/29/2010
Decision Date:	01/29/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 physician 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 60-year-old male who reported an injury on July 29, 2010 which occurred when he drove over uneven terrain and hit a pothole, causing jarring to his lower back. The patient's symptoms are noted as pain in his low back, and pain in his right lower extremity. Significant objective findings include decreased range of motion of the lumbar spine, right paralumbar tenderness from L1 to L5 with some spasms, and right sacroiliac tenderness. The patient's diagnoses are noted as diabetes mellitus type II, chronic lumbar pain with spinal stenosis and a broad based lumbar disc bulge at L4-5, instability due to lower back pain and right leg weakness, chronic right ankle pain with some left lower extremity radicular pain as well, and depression due to his industrial injury. The recommendation was made for a shower chair for the patient as he has instability and weakness in the right leg and there is concern that he may fall in the shower. It was also recommended that the patient have a 24 hour polysomnogram sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

24-hour Polysomnogram Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Polysomnography

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

Decision rationale: The Official Disability Guidelines state that polysomnography is recommended after at least six (6) months of an insomnia complaint, occurring at least four (4) nights a week, for patients who have been unresponsive to behavior intervention, and sedatives/sleep promoting medications, and after psychiatric etiology has been excluded. More specifically, the criteria for polysomnography is listed as excessive daytime somnolence, cataplexy, morning headache when other causes have been ruled out; intellectual deterioration; personality change; insomnia complaint for at least six (6) months; unresponsive to behavioral intervention and sedative/sleep promoting medications; and psychiatric etiology has been excluded. The medical records provided for review failed to provide documentation of each of the criteria listed for polysomnography. With the absence of this detailed documentation, the request is non-certified

Shower Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg

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

Decision rationale: The Official Disability Guidelines state that bathtub seats are considered a comfort or convenience item, hygienic equipment, and are not primarily medical in nature. Furthermore, the Official Disability Guidelines state that durable medical equipment must meet the criteria that the equipment is primarily and customarily used to serve a medical purpose. Therefore, the request for a shower chair is not supported by the guidelines. For this reason, the request is non-certified