

Case Number:	CM13-0036551		
Date Assigned:	12/13/2013	Date of Injury:	05/05/2011
Decision Date:	02/14/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

This is a 46 year-old female with a 5/5/2011 industrial injury claim. She is diagnosed with cervicobrachial syndrome; neck pain; lumbar disc displacement without myelopathy; pain in the thoracic spine and disorder of sacrum. The IMR application, signed on 10/15/13, shows a dispute with the 8/28/13 UR decision. The 8/28/13 UR letter is from [REDACTED] and recommends non-certification for the EMG/NCV BLE, based on [REDACTED] 8/12/13 report. I am asked to review for the EMG of the lower extremities, but am also requested to review for a toilet/commode extension and a wheeled walker with seat, but neither of these items were denied on the 8/28/13 UR letter, and they were not requested on the 8/12/13 report from [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

electromyography(EMG) of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient is reported to have 7/10 back pain, and recently failed lumbar facet injections. She has complaints of paresthesia down the right leg below the knees and walks with the assistance of a cane. Prior EMG from 2011 was abnormal with mild demyelinating findings in the left superficial peroneal sensory, right sural sensory and axonal peripheral neuropathy and left peroneal motor, without lumbar radiculopathy. The 7/13/11 lumbar MRI only showed transitional S1 segment, mild scoliosis, and mild hypertrophic facets at L5/S1 without disc bulge or herniation. The patient has lower back pain for quite some time and meets MTUS/ACOEM criteria for EMG/NCV of the lower extremities. Recommendation is for authorization.

toilet/commode extension: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines online version regarding durable medical equipment.

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

Decision rationale: The patient has lower back pain and marked weakness in the right leg and electrodiagnostic evidence of left leg involvement. The ODG guidelines state: "Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations." The raised toilet seat appears to be recommended by [REDACTED] on his 9/26/13 appeal letter. The request is in accordance with ODG guidelines.

wheeled walker with seat: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines online version regarding durable medical equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, (<http://www.odg-twc/odgtwc/knee.htc#Walkingaids>).

Decision rationale: Regardless of causation, the patient was reported to have 3/5 weakness in right lower extremity and is at risk for fall. The 2011 electrodiagnostic studies were briefly commented on, and showed a polyneuropathy of sort, involving the left lower extremity as well. ODG guidelines state: "Recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. " The patient appears to meet ODG guidelines for a walker.