

Case Number:	CM13-0041712		
Date Assigned:	12/20/2013	Date of Injury:	01/06/2013
Decision Date:	04/23/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/07/2013

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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/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 28 year old male with date of injury of 1/6/13. The most current primary treating physician's permanent and stationary report, dated 9/20/13, lists subjective complaints of constant stabbing pain on the left side of the low back radiating down his left leg with numbness and tingling. He states that prolonged sitting, standing, walking, lifting, and bending cause significantly increased back pain. The patient also claims his pain causes difficulty performing activities of daily living, including bathing and dressing himself, riding in a car, climbing stairs, and walking on uneven surfaces. Upon examination of the thoracic/lumbosacral spine, there is evidence of 1-2+ paraspinous muscle spasm. There is tenderness to palpation of the lumbar paraspinous muscles. Range of motion in the lumbar spine has decreased. An MRI of the lumbar spine performed on 5/18/13 shows two herniated discs, one at L4-5, and the other at L5-S1, which is intraforaminal, and a far lateral component possibly compressing the nerve root. Diagnoses include herniated nucleus pulposus at L4-5 with L4-5 radiculopathy, and intraforaminal herniated disc at L5-S1 with left L5-S1 radiculopathy. The patient was initially scheduled for a two-level lumbar microdiscectomy, and at that time the request for the four-wheel walker and bedside commode were certified. The patient changed his mind in regard to surgery, and now prefers to remain on conservative therapy. The treating physician found the patient to be permanent and stationary at the time, 9/20/13

IMR ISSUES, DECISIONS AND RATIONALES

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

FRONT WHEEL WALKER.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Lumbar surgery was initially authorized along with all associated durable medical equipment. The patient decided against having surgery; consequently, the durable medical equipment is no longer necessary. The four-wheel walker is not medically necessary.

3-IN-1 COMMODE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Lumbar surgery was initially authorized along with all associated durable medical equipment. The patient decided against having surgery; consequently, the durable medical equipment is no longer necessary. The 3-in-1 commode is not medically necessary.