

<b>Case Number:</b>	CM13-0048990		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/12/2002
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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:

Patient is a 59 year-old male with date of cumulative trauma injury 12/2001-12/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/30/2013, lists subjective complaints as severe low back pain with bilateral leg pain. Objective findings: Examination of the lumbosacral spine revealed moderate to severe discomfort with ambulation, tenderness to palpation, range of motion decreased by 50% with guarding and diminished deep tendon reflexes. Diagnosis: 1. Status post left laminectomy and discectomy 2004 2. Transitional L5-S1 3. Recurrent disc herniation, L5-S1 4. L4-5 disc herniation with retrolithesis 5. Positive discogram, L5-S1. The patient was to undergo a 360 fusion at L4-5 and L5-S1 which was previously certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE PROSPECTIVE REQUEST FOR 1 ELEVATED TOILET SEAT BETWEEN 10/25/2013 AND 12/9/2013: Overturned**

**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 Other Medical Treatment Guideline or Medical

Evidence: Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** The patient will undergo a 2-level 360 lumbar fusion. Following such an operation, the patient will require a raised toilet seat for his safety and to avoid overstressing the pedicular screw fixation as he recovers from the procedure. The request does meet all of the Blue Cross criteria for approving durable medical equipment. Therefore, the request for an elevated toilet is medically necessary and appropriate.

**THE PROSPECTIVE REQUEST FOR 1 FRONT WHEEL WALKER BETWEEN 10/25/2013 AND 12/9/2013: Overturned**

**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 Other Medical Treatment Guideline or Medical Evidence: Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** The patient will undergo a 2-level 360 lumbar fusion. Following such an operation, the patient will require a front-wheeled walker for his safety and to avoid overstressing the pedicular screw fixation as he recovers from the procedure. The request does meet all of the Blue Cross criteria for approving durable medical equipment. Therefore, request for 1 front wheel walker is medically necessary and appropriate.