MAXIMUS Federal Services

| Case Number: | CM14-0125273 | | |
|---|---|---|---|
| Date Assigned: | 08/11/2014 | Date of Injury: | 08/23/2007 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 07/25/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

## 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 Family 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:

This is a male patient who reported an industrial injury to his back on 5/19/2014, four (4) months ago, attributed to the performance of his usual and customary job tasks when he attempted to inspect the bottom of the boiler to change the air filter and experienced pain in his low back. The patient was noted to complete his workday. The patient then sought pain for low back pain. The patient initially attempted acupuncture, which did not provide any functional improvement. The patient was noted to have had a prior low back injury for an industrial injury on 8/23/2000, and subsequently underwent a right L5 hemilaminectomy, partial medial facectomy, and nerve root decompression including micro-foraminotomies right L5 in right S1. The objective findings on examination included no antalgic gait or limp; able to perform heel and toe walking without difficulty; range of motion of the lumbar spine was diminished; incisional tenderness noted; sensation was documented as intact bilaterally the my: motor strength was documented as 5/5. The diagnoses included status post right sided micro-endoscopic foraminotomy, and revision nerve root decompression 3/9/2010; status post anterior lumbar interbody fusion L5-S1 with post your segmental instrumentation during July 2009, with partial removal hardware; status post L4-S1 hemilaminotomies and microdiscectomies of the L4-L5 and L5-S1 right sided 2001; bilateral lower extremity radiculopathy. The patient was treated with trigger point injections. An MRI of the lumbar spine was obtained. The patient obtained lumbar spine ESI failed to provide any relief. The patient was recommended to have endoscopic surgical intervention to the lumbar spine, which included a foraminal and extraforaminal transfacet endoscopic decompression of the right L5-S1 foramen. DME was prescribed which included a raised toilet seat and a front wheel Walker.

## 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: general disciplinary guidelines for the practice of medicine

**Decision rationale:** There was no rationale with any supportive objective evidence provided by the requesting physician to support the medical necessity of the requested front wheel Walker subsequent to the performed endoscopic foraminal decompression at L5 S1. There was no objective evidence provided that the patient would be significantly disabled subsequent to the endoscopic procedure. There was no demonstrated medical necessity for the prescribed front wheel Walker for the postoperative care of the patient status post endoscopic L5-S1 foraminal decompression. Therefore the request is not medically necessary.

**Elevated toilet seat:** Upheld

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

**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: disciplinary guidelines for the practice of general medicine

**Decision rationale:** There was no rationale with any supportive objective evidence provided by the requesting physician to support the medical necessity of the requested raised toilet seat subsequent to the performed endoscopic foraminal decompression at L5 S1. There was no objective evidence provided that the patient would be significantly disabled subsequent to the endoscopic procedure. There was no demonstrated medical necessity for the prescribed raised toilet seat for the postoperative care of the patient status post endoscopic L5-S1 foraminal decompression. The request is not medically necessary.