

<b>Case Number:</b>	CM14-0157322		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 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 57 year-old female with date of injury 01/21/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/18/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed forward and backward lumbar flexion were 45 degrees and 20 degrees. Severe left leg pain with lumbar extension between 0 degrees and 20 degrees. Thigh and calf circumference were symmetrical. Sciatic nerve stretch test was negative on the left and positive on the right at 60 degrees. Decreased sensation of the left L3, L4, and L5 dermatome. Lower extremity examination demonstrated motor strength of 5/5 in all muscle groups. Deep tendon reflexes were 2+ at the knees as 1+ at the ankles. Her hip, knee and ankle examination was unremarkable. An MRI performed on 01/25/2013 was positive for 1. L3-4 and L4-5 degenerative spondylosis with central canal and foraminal stenosis with left L3, L4, and L5 radiculitis; 2. L4-L5 degenerative spondylolisthesis with segmental instability. Diagnosis: 1. Low back strain/sprain with L5 radiculopathy; 2. L4-5 anterolisthesis; 3. Lumbar scoliosis; 4. Degenerative disc disease of the lumbar spine, especially at L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Grabber:** Upheld

**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:** At the time of the request, the patient was pending authorization for lumbar surgery. The medical record contains no documentation that the surgery is authorized or has taken place. Durable medical equipment requested may be medically necessary following a lumbar procedure, but without documentation of the procedure, the DME is not medically necessary per guidelines.

**Raised toilet seat:** Upheld

**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:** At the time of the request, the patient was pending authorization for lumbar surgery. The medical record contains no documentation that the surgery is authorized or has taken place. Durable medical equipment requested may be medically necessary following a lumbar procedure, but without documentation of the procedure, the DME is not medically necessary per guidelines.

**Walker with front wheels:** Upheld

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

**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:** At the time of the request, the patient was pending authorization for lumbar surgery. The medical record contains no documentation that the surgery is authorized or has taken place. Durable medical equipment requested may be medically necessary following a lumbar procedure, but without documentation of the procedure, the DME is not medically necessary per guidelines.