

<b>Case Number:</b>	CM14-0065833		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/29/1996
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 59 year old woman with a date of injury of 06/29/96. She was seen by her primary treating physician on 02/04/14 with complaints of a falls and concerns with insurance denial of medications. She was working modified duty. Her physical exam showed that she had tenderness to palpation of her lumbar spine and hypersensitivity to light touch with negative bilateral straight leg raises. She had an antalgic gait and used a cane for mobility. Her diagnoses included "Pseudo T10-11", T12 - L1 fusion and L3-S1 fusion. The note indicates that her shower chair and commode are denied. At issue in this review are the request for a shower chair, bedside commode and lumbar driving support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bedside 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 (ODG).

**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: Uptodate: Overview of geriatric rehabilitation: Program components and settings for rehabilitation.

**Decision rationale:** This 59 year old injured worker has a history of chronic back pain with an antalgic gait and history of falls. Her exam was significant for tenderness to palpation of the spine and negative bilateral straight leg raise. The medical records do not substantiate the degree of functional impairment of the injured worker with regards to her ability to toilet and shower to document the medical necessity of a bedside commode. Therefore, as stated the request is not medically necessary.

**Lumbar driving support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Chapter (Official Disability Guidelines).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** This injured worker has complaints of chronic back pain. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. It is not clear the rationale from the records for a lumbar support brace at this point in his treatment with the injury occurring in 1996. Additionally, the medical records do not substantiate the degree of functional impairment of the injured worker with regards to her positioning while driving. The records do not substantiate the medical necessity for a lumbar driving support. Therefore, as stated the request is not medically necessary.

**Shower chair:** Upheld

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

**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: Uptodate: Overview of geriatric rehabilitation: Program components and settings for rehabilitation.

**Decision rationale:** This 59 year old injured worker has a history of chronic back pain with an antalgic gait and history of falls. Her exam was significant for tenderness to palpation of the spine and negative bilateral straight leg raise. The medical records do not substantiate the degree of functional impairment of the injured worker with regards to her ability to toilet and shower to document the medical necessity of a shower chair. Therefore, as stated the request is not medically necessary.