

Case Number:	CM14-0070652		
Date Assigned:	07/14/2014	Date of Injury:	09/27/2004
Decision Date:	09/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicates that this 63 year-old individual was reportedly injured on 9/27/2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 5/29/2014, indicates that there are ongoing complaints of chronic low back pain. The physical examination revealed lumbar spine had limited range of motion, positive tenderness over L4-S-1 facets bilaterally, facet loading was positive for pain in the lower lumbar region, negative straight leg raise, motor strength of 5/5 bilateral upper and lower extremities, and sensation grossly intact. His previous treatment includes lumbar facet block and medications. A request had been made for grab bars, high toilet seat, bathmat, facet injections unspecified levels, which was non-certified in the pre-authorization process on 4/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home modifications: durable medical equipment: grab bars: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Durable Medical Equipment. Updated 8/25/2014.

Decision rationale: Durable Medical Equipment (DME), such as grab bars, are recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain items are medically necessary if the patient is bed or room confined. After reviewing the medical documentation provided as well as the Official Disability Guidelines (ODG) it is noted the injured worker does have chronic low back pain, however there is no subjective or objective findings on physical exam that necessitate the use of grab bars. Therefore, this request is deemed nonessential and is not considered primarily medical in nature. This request is deemed not medically necessary.

Home modifications: durable medical equipment: high 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Durable Medical Equipment. Updated 8/25/2014.

Decision rationale: Durable Medical Equipment (DME), such as a high toilet seat, are recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain items are medically necessary if the patient is bed or room confined. After reviewing the medical documentation provided as well as Official Disability Guidelines (ODG) it is noted the injured worker does have chronic low back pain, however there is no subjective or objective findings on physical exam that necessitate the use of a high toilet seat. Therefore, this request is deemed nonessential and is not considered primarily medical in nature. This request is deemed not medically necessary.

Home modifications: durable medical equipment: bath mat: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Durable Medical Equipment. Updated 8/25/2014.

Decision rationale: Durable Medical Equipment (DME), such as a bathmat, are recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain items are medically necessary if the patient is bed or room confined. After reviewing the medical documentation provided as well as Official Disability Guidelines (ODG) it is noted the injured worker does have chronic low back pain, however there is no subjective or objective findings on physical exam that necessitate the use of a bathmat. Therefore, this request is deemed nonessential and is not considered primarily medical in nature. This request is deemed not medically necessary.

Facet injections: unspecified levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically sited).

Decision rationale: The MTUS ACOEM treatment guidelines do not support facet joint injections (median branch blocks) in patients who have failed to achieve lasting functional improvement with a prior injection. Based on the clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. It is noted patient had a previous diagnostic facet block injection at L4-five, and L5-S-1 on 10/2/2013 with 80% relief for four hours only. After that pain gradually returned. Also please note that the treating physician has recommended radiofrequency ablation in the lumbar area as well. As such, this request is not considered medically necessary.