

<b>Case Number:</b>	CM15-0101761		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/20/2006
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old male who sustained an industrial injury on 3/20/06. The injured worker was diagnosed as having lumbago, sciatica and degeneration of lumbar or lumbosa. Currently, the injured worker was with complaints of lower back pain. Previous treatments included medication management, physical therapy and an injection. Previous diagnostic studies included a lumbar magnetic resonance imaging (10/8/14) revealing a broad, moderate degenerative protrusion at L5-S1. The injured workers pain level was noted as 7-8/10. Physical examination was notable for tenderness to palpation to the lumbar paraspinal muscles with slow and guarded range of motion, bilateral S1 and L5 hypesthesia and antalgic gait noted. The plan of care was for a raised toilet seat.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Raised toilet seat:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Coverage Determination (NCD) for Durable Medical Equipment.

**Decision rationale:** The claimant sustained a work injury in March 2006 and continues to be treated for chronic radiating back pain. When seen, spinal surgery had been recommended. He had pain rated at 7-8/10. Physical examination findings included an antalgic gait and he had difficulty with walking on his toes and heels. There was decreased lumbar spine range of motion with positive straight leg raising. There was paraspinal muscle tenderness. Authorization for a toilet seat was requested with the rationale given that is his wife had previously assisted him but was no longer able to do so. In this case, there is no examination findings such as decreased hip range of motion or decreased proximal lower extremity strength that would indicate the need for a raised toilet seat. Medical necessity is not established and therefore the request cannot be considered as medically necessary.