

Case Number:	CM15-0138985		
Date Assigned:	07/28/2015	Date of Injury:	09/11/1992
Decision Date:	09/01/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/17/2015

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: Colorado

Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury on 09/11/1992. The injured worker was diagnosed with urinary tract infections, yeast infections and lumbar spondylosis without myelopathy. The injured worker is status post T4- S1 osteotomies, instrumentation, correction and fusion in June 2013. Treatment to date has included diagnostic testing, surgery, physical therapy and medications. According to the primary treating physician's progress report on 06/11/2015, the injured worker continues to progress with aches in her back but no significant pain. The injured worker rates her ache/pain level at 2/10. Diagnostics showed good alignment of the spine with a fixed position of her pelvis and proximal fusion. The injured worker is prone to urinary tract and yeast infections due to the anatomical changes. Current medications are listed as Oxycodone 10/325mg, Diazepam, Keflex, Prozac, Acyclovir and Alprazolam. Treatment plan consists of standing scoliosis X-rays and the current request for a Bidet (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bidet (purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Procedure Summary Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back and Other Medical Treatment Guidelines "Habitual use of warm-water cleaning toilets is related to the aggravation of vaginal microflora." Ogino M1, Iino K, Minoura S. J Obstet Gynaecol Res. 2010 Oct; 36(5):1071-4 "The potential of wash-and-dry toilets to improve the toileting experience for nursing home residents." Cohen-Mansfield J1, Biddison JR Gerontologist. 2005 Oct; 45(5):694-9www.cms.gov.

Decision rationale: The MTUS Guidelines do not address the issue of bidet / Durable medical equipment (DME), so the ODG and Medline were consulted. Per the ODG, use of DME is limited to those with a medical need, and the equipment must meet Medicare standards for DME. ODG also indicates bathroom equipment is generally not considered medically necessary unless patient is bedbound. Per CMS/Medicare regulations, DME must meet the following criteria: Able to withstand repeated use. Expected life of 3 years for the equipment. Primarily used for a medical purpose Not generally useful to individuals in the absence of illness or injury. Appropriate for home use. Per Medline search, there is no evidence based support for the use of a bidet to prevent UTI/yeast infections. Cohen-Mansfield and Biddison suggested that "wash and dry toilets" (such as requested for the patient of concern) may be useful in nursing home patients, and their small scale investigation did show decreased amounts of bacteria in the urine of test subjects. However, no follow up studies have been done to verify findings, and no conclusions about risks of infection were made. Furthermore, Ogino, et.al found that routine use of bidet can actually cause changes in the vaginal flora / irritation of the vagina increasing risk of infection. For the patient of concern, the documentation of recurrent infections is limited to one statement by the treating physician 6/11/2015, and by Urinalysis/Culture results noted in the UR report. (Not available in the records for this review) Therefore, the documentation in support of medical need is insufficient, and the evidence in the literature to support the use of a bidet for medical conditions such as infection is inconclusive and limited. Also, a bidet can and often is used in the absence of illness or injury, so it would not meet CMS/Medicare definition for DME and/or ODG requirements to be covered. The request for bidet purchase is not medically necessary.