

<b>Case Number:</b>	CM15-0197960		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/22/2009
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52 year old female, who sustained an industrial injury on 06-22-2009. She has reported injury to the low back. The diagnoses have included low back pain; lumbar stenosis; lumbar radiculitis; lumbar spondylosis; lumbar degenerative disc disease; muscle pain; numbness; and chronic pain syndrome. Treatment to date has included medications, diagnostics, heat, TENS (transcutaneous electrical nerve stimulation) unit, and chiropractic therapy. Medications have included Norco, Etodolac, Tramadol, Tizanidine, and Omeprazole. A progress report from the treating physician, dated 07-21-2015, noted the injured worker reported low back pain; she has not been able to receive Etodolac for over three months; her pain is worse without her medications; the pain is described as aching in the low back and bilateral legs; the pain is worse with standing, sitting, lifting, walking, and lying down flat on her back; the pain is better when sitting in a reclined position and medication; she rates the pain as 9 out of 10 in intensity without medications, and at 7 out of 10 in intensity with medications; she is having trouble moving around the house and is unable to take care of herself due to her pain; and she is requesting an electrical wheelchair and a walk-in shower so she does not have to depend on her husband to take care of her. Objective findings included she is alert and oriented; she is in no acute distress; she is in a wheelchair; she has 5 out of 5 bilateral leg strength; sensation is intact, but slightly diminished in the lateral feet; there is tenderness over the paraspinal muscles; and there is sacroiliac joint tenderness bilaterally. The treatment plan has included the request for walk in shower. The original utilization review, dated 09-28-2015, non-certified the request for walk in shower.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Walk in shower:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter (On-line Version) Durable Medical Equipment (DME).

**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) Knee & Leg (Acute & Chronic).

**Decision rationale:** The injured worker sustained a work related injury on 06-22-2009. The medical records provided indicate the diagnosis of low back pain; lumbar stenosis; lumbar radiculitis; lumbar spondylosis; lumbar degenerative disc disease; muscle pain; numbness; and chronic pain syndrome. Treatments have included medications, diagnostics, heat, TENS (transcutaneous electrical nerve stimulation) unit, and chiropractic therapy. Medications have included Norco, Etodolac, Tramadol, Tizanidine, and Omeprazole. The medical records provided for review do not indicate a medical necessity for: Walk in shower. The MTUS and Medicare website are silent on this topic; however the Official Disability Guidelines criteria for durable medical equipment recommends as follows: The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005) Walk in shower is not medically necessary because it does not fall within the criteria for Durable Medical Equipment, neither is there any other guideline that could be used in making a determination.