

<b>Case Number:</b>	CM15-0208562		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	12/17/2000
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old male, who sustained an industrial injury on 12-17-2000. The injured worker is diagnosed with lumbar spinal stenosis and lumbar radiculopathy. His work status is temporary total disability. Notes dated 6-9-15 and 8-28-15 reveals the injured worker presented with complaints of constant low back pain and bilateral lower extremity numbness. He reports neck pain that radiates to his right shoulder. A physical examination dated 8-28-15 revealed normal lumbar lordosis, no tenderness to palpation, no spasm; however, sensation is decreased in the left lateral leg. A note dated 8-3-15 states the injured worker is able to tolerate short periods (5-10 minutes) of sitting, standing or walking without rest. Treatment to date has included L3-L4 anterior decompression-interbody fusion with posterior decompression-instrumentation, C5-C6 ACDF, L4-S1 lumbar fusion, LSO back brace, cane for stability, medications. A note dated 7-29-15 states that the lumbar surgery resulted in trunk weakness. Diagnostic studies include lumbar spine x-rays, MRI and CT scan. A request for authorization for mechanical chair lift for stairs is denied, per Utilization Review letter dated 9-23-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mechanical Chair lift for stairs:** 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 AETNA, Seat lift and Patient Lifts.

**Decision rationale:** The patient presents with chronic low back pain that radiates into the legs. The current request is for Mechanical chair lift for stairs. The treating physician's report dated 06/09/2015 (13A) states, "He continues to wear the LSO brace for extra support and uses a cane for all ambulation. He has trouble balancing without the cane and reports being unable to walking without the LSO brace one. He has difficulty walking upstairs and long distances. He has reported several falls. At times he is unable to make it all the way up the stairs at his house secondary to progressive weakness of the legs." Finally, given that [REDACTED] continues to have trouble with ambulation and stairs he needs an evaluation by a home health specialist who can make recommendations about necessary modifications to his home to prevent further injury. My feeling is that he may need a lift for his stairs or other assistive devices. The MTUS, ACOEM, and ODG Guidelines do not address this request; however, Aetna Guidelines on seat lift and patient lifts states, Aetna considers seat lift mechanisms, medically necessary durable medical equipment (DME) when all of the following criteria are met: 1. The member must be incapable of standing up from a regular arm chair at home. 2. The member must have severe arthritis of the hip or knee or have severe neuromuscular disease. 3. The seat lift mechanism must be prescribed to affect improvement, or arrest or retard deterioration of the member's condition. 4. When standing, the member must have the ability to ambulate. Aetna considers seat lift mechanisms experimental and investigational for all other indications because of insufficient evidence in the peer review of the literature. While the patient has the ability to ambulate with some difficulty with the use of a cane, he does not have severe arthritis of the hip or knee, or the inability to stand up from a regular arm chair which is a criteria required by Aetna. In this case, the patient does not meet all the criteria mentioned above for this DME to be considered. The current request is not medically necessary.