

<b>Case Number:</b>	CM15-0044117		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	07/29/2009
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56 year old female, who sustained an industrial injury on 7/29/2009. The current diagnoses are posterior disc protrusion, lumbar discopathy and radiculopathy, neuropathy of the lower limbs, lumbar sprain/strain, and mild L5-S1 radiculopathy. According to the progress report dated 1/13/2015, the injured worker complains of lumbar spine pain. The pain is rated 5/10 on a subjective pain scale. This is slightly decreased from the values given on 12/2/2014. The current medications are Norco and Zanaflex. Treatment to date has included medication management and electrodiagnostic studies. The plan of care includes shower chair for lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shower chair for lumbar spine:** 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), Treatment Index, 11th Edition (web), 2014, Knee & Leg, Bathtub seats.

**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, Durable Medical Equipment (DME) and Exercise Equipment and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of shower chairs. ODG does state regarding durable medical equipment (DME), Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Medicare details DME as: durable and can withstand repeated use, used for a medical reason, not usually useful to someone who isn't sick or injured. Appropriate to be used in your home. Shower chair likely meets the criteria for durability and home use per Medicare classification. However, the treating physician fails to comment on what medical reason the patient has that would necessitate a shower chair. No validation of the patient's fragility, fall risk, lack of ability performs these daily activities, or other components to justify this request. In this specific case, Shower chair is not classified as durable medical equipment and are not recommended per ODG. As such, the request for Shower chair for lumbar spine is not medically necessary.