

<b>Case Number:</b>	CM15-0047017		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	01/02/1993
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, Florida, California

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 69 year old male, who sustained an industrial injury on January 2, 1993. He reported injury to his neck and low back. The injured worker was diagnosed as having multilevel lumbar spine discopathy and status post thoracic spine surgery. Treatment to date has included diagnostic studies, surgery, medications and other failed conservative therapies. On January 21, 2015, the injured worker complained of an aching, stabbing pain in his lower back with radiation to the bilateral lower extremities. The pain was rated as a 7 on a 1-10 pain scale. He also complained of aching pain in the upper back rated as a 4/10 on the pain scale. The treatment plan includes an L4-5 and L5-S1 posterior lumbar interbody fusion with decompression and instrumentation, post-surgical medical equipment, medication and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative durable medical equipment (DME) 3 in 1 commode:** 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), Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

**Decision rationale:** In this case, the injury was 22 years ago, and a recent surgery is the primary basis for the three in one commode. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. Labor Code 4600(a) notes that care is medical, surgical, chiropractic, acupuncture, and hospital treatment including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. This item is more a personal convenience item, unless the claimant is bed-confined or room-confined. I did not find clear evidence of this however in the records provided. The request was not medically necessary, and appropriately non-certified.