

Case Number:	CM15-0052712		
Date Assigned:	03/26/2015	Date of Injury:	07/01/2002
Decision Date:	05/01/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/19/2015

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

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 63 year old male who sustained a work related injury on July 1, 2002, incurring injuries to the lower back. He was diagnosed with lumbar spinal stenosis, advanced degenerative disc disease and radiculopathy. He underwent multiple surgeries with no relief. He underwent a lumbar spinal fusion in 2002 and a redo laminectomy in 2010. Treatment included pain medications, epidural steroid injections, anti-inflammatory drugs and muscle relaxants. Currently, the injured worker complained of severe and constant low back pain with pain and numbness in the buttocks and legs. The treatment plan that was requested for authorization included a 3-in-1 bedside commode.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-in-1 bedside commode for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: This patient receives treatment for chronic low back pain that relates to an injury at work on 07/01/2002. The patient has "failed back" having undergone a central laminectomy at L4-L5, a laminectomy at L5-S1, and removal of deep spinal implants. Additional diagnoses include opioid dependence, lumbar spondylosis, and bilateral foraminal stenoses. This review addresses a request for a commode with arm. The documentation from the treating physician states that on physical exam the "motor function of the lower extremities are intact" and "the patient arises slowly but without difficulty." Based on the documentation a bedside commode is not medically necessary.