

Case Number:	CM15-0058233		
Date Assigned:	04/03/2015	Date of Injury:	08/06/2011
Decision Date:	05/22/2015	UR Denial Date:	03/08/2015
Priority:	Standard	Application Received:	03/27/2015

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, Arizona
 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 29-year-old male who reported injury on 08/06/2011. The injured worker had lumbar spine surgery for cauda equina syndrome secondary to herniated nucleus pulposus in 2011 and had residual left leg numbness and weakness. The mechanism of injury was standing on a platform between barricades that were held up by metal rod that were sitting on top of sand. The injured worker was pulling an unconscious man who weighed approximately 180 pounds out of a crowd and as he was bending over and pulling the gentlemen, the injured worker's foot slipped and he fell backwards striking his back on the metal rod that helped support the barricade and which caused the unconscious gentlemen to land on top of the injured worker. The injured worker underwent an MRI of the lumbar spine with and without contrast on 08/15/2014. The documentation of 02/23/2015 revealed the injured worker received an adjustable bed that was of very poor quality and was too high off the ground and was too firm. The injured worker indicated that he was starting to suffer indentations in the mattress after only 2 weeks of use. The injured worker was requesting a sleep number bed. The current complaints included low back pain that radiated to the bilateral lower extremities left greater than right and a neurogenic bladder and neurogenic bowel due to cauda equina syndrome. The injured worker was noted to have a past medical history including bipolar disorder with severe depression. The injured worker was 6 feet 1 inch and weighed 275 pounds. The physical examination revealed decreased range of motion of the lumbar spine and a positive straight leg bilaterally at 45 degrees. The muscle testing strength was 4/5 on the left in the anterior tibialis, peroneus longus/brevis and extensor hallucis longus. The sensory examination revealed hypoesthesia in

the left L5 and S1 dermatomes. The diagnoses included incomplete paraplegia and incomplete neurogenic bladder, and incomplete neurogenic bowel as well as bipolar disorder, poor control. The treatment plan included a sleep number bed, spine surgery consultation, internal medicine evaluation, EMG/NCV of the bilateral lower extremities, a mobility scooter, a shower chair, a telescopic reacher/grabber for tall individuals, home health care and assistance for 4 hours per day 5 days per week, psychiatric evaluation and treatment, and a [REDACTED] weight loss program. The documentation indicated the injured worker had tried to lose weight on his own but was unsuccessful. The physician opined that morbid obesity may have contributed the injured worker's current disc herniation at L4-5 and a request was made for orthotic shoes/appliances for support of the lower extremities as well as a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 months of [REDACTED] weight loss program with a re-evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (diet & exercise) modifications.

Decision rationale: The Official Disability Guidelines indicate that lifestyle changes including dietary and exercise modifications are essential for weight loss and the reduction of obesity. The injured worker's BMI would be 36.3 which is considered obese. The documentation indicated the injured worker was morbidly obese and had tried to lose weight on his own however, had been unsuccessful. However, there was a lack of documentation indicating the specific diet and exercise program that had been utilized. There was a lack of documentation of exceptional factors. Given the above the request for 3 months of [REDACTED] weight loss program with a re-evaluation is not medically necessary.

1 pair of orthotic shoes/appliances: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that rigid orthotics are recommended for injured workers with plantar fasciitis and metatarsalgia. The clinical documentation submitted for review did not indicate the patient had plantar fasciitis or metatarsalgia. There was a lack of documented rationale for the request. Given the above, the request for 1 pair of orthotic shoes/appliances is not medically necessary.

1 mobility scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that a power mobility device is not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker or the injured worker had sufficient upper extremity function to propel a manual wheelchair or there is a caregiver who is available, willing and able to provide assistance with a manual wheelchair. The clinical documentation submitted for review failed to provide documentation that the injured worker had insufficient upper body strength to propel a wheelchair. The documentation indicated the injured worker had impaired mobility and difficulty ambulating. However, as there was a lack of documentation indicating the injured worker had insufficient upper extremity function, the request for 1 mobility scooter is not medically necessary.

1 sleep number bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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 Chapter, Mattress Selection, Knee & Leg Chapter, Durable Medical Equipment (DME).

Decision rationale: The Official Disability Guidelines indicate that mattress selection is patient preference. However, a mattress is considered durable medical equipment. As such, durable medical guidelines must be met. The Official Disability Guidelines indicate that durable medical equipment is equipment that can withstand repeated use as it could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose and is generally not useful to a patient in the absence of illness or injury. The clinical documentation submitted for review indicated the injured worker had a prior bed. It was indicated the bed was not sufficient for the injured worker. However, a bed is not considered durable medical equipment as it is useful to a patient in the absence of illness and injury and it is not primarily and customarily used to serve a medical purpose. Given the above, the request for 1 sleep number bed is not medically necessary.