

Case Number:	CM15-0084896		
Date Assigned:	05/07/2015	Date of Injury:	12/17/2001
Decision Date:	06/10/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/04/2015

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: 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 58-year-old male, who sustained an industrial injury on 12/17/2001. The injured worker is currently diagnosed as having lumbar post-laminectomy syndrome. Treatment and diagnostics to date has included lumbosacral spine MRI, intrathecal therapy, and medications. In a progress note dated 03/12/2015, the injured worker presented with complaints of back pain and bilateral leg pain. Objective findings include decreased sensation in the left lateral lower extremity. The treating physician reported requesting authorization for a shower chair resulting from the persistent left sciatica and the potential for falling.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) shower chair: Overturned

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 Official Disability Guidelines (ODG) Knee and Leg chapter, Durable Medical Equipment (DME).

Decision rationale: The patient presents on 03/12/15 with lower back pain (left worse than right) rated 9/10, which radiates into the bilateral lower extremities. The patient's date of injury is 12/17/01. Patient is status post lumbar laminectomy at unspecified date/levels, and intrathecal opioid catheter placement at a date unspecified. The request is for SHOWER CHAIR. The RFA was not provided. Physical examination dated 03/12/15 reveals that the patient is unable to perform comprehensive musculoskeletal examination/range of motion tests secondary to severe pain, only neurological examination of the bilateral lower extremities is included. Neurological examination reveals decreased sensation in the L5 dermatomal distribution of the left lower extremity, and intact reflexes bilaterally. The patient is currently prescribed Armour Thyroid, Flexeril, Cymbalta, Glyburide, Hydrocodone, Metformin, and Ondansetron. Diagnostic imaging was not included. Patient's current work status is not provided. ODG Knee and Leg chapter, under Durable Medical Equipment (DME) States: "Generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home." In this case, the provider is requesting a shower chair for this patient's utilization to prevent falls. There is no evidence in the documentation provided that this patient has received a shower chair or any other DME to date. Progress note dated 03/12/15 states: "seek authorization for a shower chair, resulting from the persistent left sciatica and the potential for falling (sagittal imbalance)." ODG supports the issuance of DME for use in the home provided that it is used to serve a medical purpose and is not useful in the absence of illness or injury, a shower chair fits such criteria. Given this patient's documented sagittal imbalance, a shower chair to prevent falls is a prudent measure and is medically appropriate to avoid injury. Therefore, the request IS medically necessary.