MAXIMUS Federal Services

Case Number:	CM13-0067467		
Date Assigned:	01/03/2014	Date of Injury:	02/04/2013
Decision Date:	07/15/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/18/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male who was injured on 02/04/2013 while climbing down a trailer at work. He slipped off a bumper and landed on both feet. His diagnosis is chronic low back pain with radiculopathy. Diagnostic studies reviewed include an MRI of the lumbar spine performed on 02/22/2013, which revealed intervertebral discs at L4-5 and L5-S1 that demonstrate decreased signal intensity on the T2 weighted images, consistent with degeneration. At L4-5, there was a central and left paracentral disc protrusion measuring 0.8 centimeters in anterior-posterior dimension with resultant mild narrowing demonstrated of the central canal. There was posterior displacement of the traversing left L5 nerve root within the subarticular recess. There was a foraminal disc protrusion on the right measuring 3-4 mm in anterior- posterior dimension without evidence of compression of the exiting nerve root. At L5-S1, there was a broadly based central and left paracentral disc protrusion present measuring 0.6 centimeter in anterior-posterior dimension abutting, but not frankly displacing the traversing left S1 nerve root within the subarticular recess. There was annular disc bulging seen extending into the neural foramina bilaterally without evidence of compression of the exiting nerve roots. A progress report (PR-2) dated 12/19/2013, indicated that since the patient's last evaluation on 12/05/2013; he has had the left lower extremity (LLE) electrodiagnostics and has continued on Voltaren and Norco three to six (3-6) a day, with the findings consistent with a LLE L5 radiculopathy. He had a surgical consult on 11/21/2013, which recommended fusion and discectomy. Objective findings on exam revealed that he walks with a cane in the right hand and has a left drop foot. His sensation is intact to pin and light touch L2-S1 bilaterally, except no left L5 and slight left S1 sensory findings. He has no DF of the left foot or great toe; Patellar and Achilles Reflexes are trace symmetrical and equal bilaterally. There is a negative sitting and supine straight leg raise (SLR), right tight at 50 degrees left. The treatment plan was discussed with the patient and he will continue on Norco, Voltaren and Gabapentin. He needs immediate lower back surgery. An

orthopedic consult note dated 11/14/2013, documented the patient to have complaints of back pain, left buttock and leg pain. There is nothing that makes him feel better. The patient is taking a lot of medication. The patient has been hospitalized for gastric bypass. The patient states that he has undergone a psychiatric evaluation. He has a history of diabetes and high blood pressure. Objective findings on exam revealed that the spinous processes are non-tender to light and deep palpation in the thoracic and lumbar spine. An examination shows sciatic notch tenderness on the left. There is no greater trochanteric pain. An examination shows full range of motion of the lumbar spine. An examination shows obvious complete motor loss on the left side. There is no obvious complete sensory loss on the left side. He has positive straight leg raise on the left side. His Achilles reflex loss bilaterally for lower extremities is +1 patellar tendon reflex on the left and +2 on the right. It was discussed with the patient that he needs spine surgery, and this patient is partially paralyzed. He has no motor of the left L5. The treating provider has requested a 3 in 1 commode purchase and a shower chair purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A THREE-IN-ONE (3-IN-1) COMMODE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp, 18th Edition, 2013 updates, Knee Chapter, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th Edition, 2013 updates, Knee Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines indicate that Durable Medical Equipment (DME) is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bedpans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items." According to the records reviewed, the patient does require assistance with toileting and showering, because of obesity in conjunction with his injury, which has resulted in low back pain with radiculopathy. Medical necessity for the requested item has been established. The requested item is medically necessary.

PURCHASE OF A 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, Treatment in Worker's Comp, 18th Edition, 2013 updates, Knee Chapter, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th Edition, 2013 updates, Knee Chapter, Durable Medical Equipment.

Decision rationale: The Official Disability Guidelines indicate that Durable Medical Equipment (DME) is "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items." According to the records reviewed, the patient does require assistance with toileting and showering, because of obesity in conjunction with his injury, which has resulted in low back pain with radiculopathy. Medical necessity for the requested item has been established. The requested item is medically necessary.