

Case Number:	CM14-0122125		
Date Assigned:	08/06/2014	Date of Injury:	12/22/2002
Decision Date:	09/30/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 57 year-old patient sustained an injury on 12/22/02 while employed by [REDACTED]. Request(s) under consideration include Commode with wheels- Lumbar spine. MRI of lumbar spine dated 10/19/12 showed diffuse disc bulge with annular tear at L5-S1 with narrowing of bilateral neural foramina, multilevel facet arthropathy; no evidence of canal stenosis. Conservative care has included acupuncture, lumbar selective nerve root blocks and epidural injections, trigger point injections, medications, therapy, and modified activities/rest. Report of 2/11/13 from the provider noted patient with exam findings of positive SLR and limited range; otherwise with intact neurological exam. Report of 3/7/13 from the provider noted the patient with chronic low back symptoms. Exam showed positive SLR, full motor strength except for 4/5 at EHL; decreased sensation in bilateral big toes. Report of 7/10/14 from the provider noted the patient had recent trigger point injections which were helpful with 65% pain relief lasting 7 weeks. The patient also had Toradol injection at last visit on 5/14/14 for low back and leg pain. Medications list Xanax, Zoloft, Ambien, Norco, Seroquel, Neurontin, Hydrochlorothiazide, Metoprolol, Diovan, and Savella. The patient was provided with grab bars installed throughout her home in hallways, bedroom, and bathroom to safely ambulate around her home and has had home health nurse; however, it was noted the patient is able to ambulate in a forward flexed posture of 30 degrees assisted with a walker with seat. The request(s) for Commode with wheels- Lumbar spine was non-certified on 7/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Commode with wheels- Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group, Durable Medical Equipment Section- Commodes, Revised/Effective Date 12/02/203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME), pages 297-298.

Decision rationale: This 57 year-old patient sustained an injury on 12/22/02 while employed by [REDACTED]. Request(s) under consideration include Commode with wheels- Lumbar spine. Diagnoses include lumbar radiculopathy. MRI of lumbar spine dated 10/19/12 showed diffuse disc bulge with annular tear at L5-S1 with narrowing of bilateral neural foramina, multilevel facet arthropathy; no evidence of canal stenosis. Conservative care has included acupuncture, lumbar selective nerve root blocks and epidural injections, trigger point injections, medications, therapy, and modified activities/rest. Report of 2/11/13 from the provider noted patient with exam findings of positive SLR and limited range; otherwise with intact neurological exam. Report of 3/7/13 from the provider noted the patient with chronic low back symptoms. Exam showed positive SLR, full motor strength except for 4/5 at EHL; decreased sensation in bilateral big toes. Report of 7/10/14 from the provider noted the patient had recent trigger point injections which were helpful with 65% pain relief lasting 7 weeks. The patient also had Toradol injection at last visit on 5/14/14 for low back and leg pain. Medications list Xanax, Zoloft, Ambien, Norco, Seroquel, Neurontin, Hydrochlorothiazide, Metoprolol, Diovan, and Savella. The patient was provided with grab bars installed throughout her home in hallways, bedroom, and bathroom to safely ambulate around her home and has had home health nurse; however, it was noted the patient is able to ambulate in a forward flexed posture of 30 degrees assisted with a walker with seat. The request(s) for Commode with wheels- Lumbar spine was non-certified on 7/18/14. Although the ACOEM and MTUS guidelines do address durable medical equipment, ODG states they are generally recommended when there is a medical need or if the device or system meets Medicare's definition and criteria. The Guidelines note that although most bathroom and toilet supplies do not serve a medical purpose, certain medical conditions resulting in physical limitations that require environmental modifications for prevention of injury are considered not primarily medical in nature. Regarding DME toilet items such as commodes, they are medically necessary if the patient is bed- or room-confined may be prescribed as part of a medical treatment for significant injury or infection resulting in physical limitations. Submitted reports have not adequately demonstrated support for this DME as medically indicated and have failed to identify any physical limitations requiring such a DME. The patient is able to ambulate with a walker, negative the need for a commode. The Commode with wheels- Lumbar spine is not medically necessary and appropriate.