

Case Number:	CM14-0159090		
Date Assigned:	11/12/2014	Date of Injury:	04/01/2013
Decision Date:	12/15/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine 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 patient is a 56 years old male who developed low back problems subsequent to an injury dated 4/1/13. He was diagnosed with an L5 disc extrusion and a persistent radiculopathy. He was treated with physical therapy, acupuncture and an epidural trial. An L4-5 anterior posterior fusion is planned and as part for the post op DME a 3 in 1 Commode is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 in 1 commode for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion (Spinal)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.mc.vanderbilt.edu/documents/spinecenter/files/Spinal%20Fusion.pdf> page 16

Decision rationale: MTUS Guidelines do not address post-operative DME. A 3 in 1 commode is an elevated commode with arm supports. It is often standard home DME after a spinal fusion

and patients are encouraged to avoid significant bending during bone healing and rehabilitation. The 3-1 commode is medically necessary.