

Case Number:	CM14-0057760		
Date Assigned:	07/09/2014	Date of Injury:	07/12/2013
Decision Date:	02/25/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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. 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 & Rehabn

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 31 year-old male with a 7/12/2013 date of injury. According to the 3/20/2014 orthopedic report, the patient presents with low back pain radiating to the left lower extremity. He disc protrusions at L4/5 and L5/S1 and EMG shows active left L5 denervation. The patient states he cannot live with the pain and wants to proceed with decompression surgery at L4/5 and L5/S1. The surgeon requested a lumbar corset and shower chair for after the procedure. On 4/16/2014 utilization review denied 1) a lumbar corset stating that it is indicated after a fusion, but the patient is not having a fusion; 2) a shower chair, based on the reviewer's personal opinion that the lumbar decompressive procedure is a small procedure and will not require a shower chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Lumbar Corset: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 301.

Decision rationale: The surgeon requested a lumbar corset and shower chair for use after an anticipated decompression surgery at L4/5 and L5/S1. MTUS/ACOEM, chapter 12, Low Back, page 301: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. The patient is planning to undergo a lumbar surgical procedure. The patient would be in the acute stage after the surgery. The request for a lumbar support for use after a lumbar surgical procedure is in accordance with MTUS/ACOEM guidelines. The request for the lumbar corset purchase is medically necessary.

Purchase 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Knee & leg chapter, DME

Decision rationale: The surgeon requested a lumbar corset and shower chair for use after an anticipated decompression surgery at L4/5 and L5/S1. MTUS does not discuss shower chairs. ODG was consulted and discusses DME under the Knee chapter. ODG states 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. The shower chair is prescribed as part of a treatment plan (lumbar surgery) for the injury and appears to be in accordance with the ODG guidelines. The request for the Shower Chair purchase is medically necessary.