

Case Number:	CM15-0017220		
Date Assigned:	02/05/2015	Date of Injury:	04/12/2013
Decision Date:	06/05/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/29/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 48 year old male who sustained an industrial injury on April 12, 2013. He reported an injury to his low back with radiation of pain to his back, legs, neck and arms with numbness in the fingers of both hands. Previous treatment includes MRI of the cervical spine, L3-L4 and L4-L5 interlaminar laminectomy, epidural injection, pain management and medications. A physician's evaluation on December 16, 2014 revealed the injured worker complained of constant severe neck pain which he rated an 8-9 on a 10 point scale. He reported radiation of pain to the bilateral upper extremities with associated numbness and tingling. He reported psychological symptoms of anxiety, depression, stress and insomnia. The injured worker is status post L3-L4 and L4-L5 interlaminar laminectomy. He ambulates with a single point cane. On physical examination, the injured worker has tenderness to palpation over the paraspinal musculature. Diagnoses associated with the request include status post two-level ACDF, stenosis of the lumbosacral spine, desiccation at L1-L2 and L2-L3, chronic pain and status post L4-L5 interlaminar laminectomy. The treatment plan includes MRI of the cervical spine, cane, 3:1 commode, Voltaren and Tylenol #3. The evaluating physician recommended a cane and 3:1 commode to assist the injured worker with his surgical recovery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a 3 in 1 Commode, Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and bath seats pg 12.

Decision rationale: According to the guidelines (Knee chapter not included in back chapter), bath seats and commodes are considered for convenience and hygiene and not medical in nature. In this case, the commode was used to assist in recovery. In addition, a progress note on 11/16/14 indicated the claimant was able to ambulate post-operatively. Although it may be beneficial and convenient with ease of daily activities, it is not considered a medical necessity.