

Case Number:	CM15-0071030		
Date Assigned:	04/21/2015	Date of Injury:	09/08/2011
Decision Date:	05/19/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35 year old female, who sustained an industrial injury on 9/8/2011. She reported pain after lifting a child. The injured worker was diagnosed as having status post lumbar laminectomy and discectomy and increasing lumbar instability. Lumbar magnetic resonance imaging showed disc bulging and broad based protrusion. Treatment to date has included physical therapy, Rhizotomy and medication management. In a progress note dated 2/26/2015, the injured worker complains of increasing low back pain with burning pain in the bilateral lower extremities. The treating physician is requesting a 3 in 1 commode and a bone stimulator.

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 purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

Decision rationale: This claimant was injured four years ago, and has lumbar pain post lumbar laminectomy. There is increasing back pain prompting the DME requests. There were no recent back surgeries that might drive the need for such DME. Further, there are no imaging studies documenting fusion failure and no evidence of a recent surgery. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. Labor Code 4600(a) notes that care is medical, surgical, chiropractic, acupuncture, and hospital treatment including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. This item is more a personal convenience item, unless the claimant is bed-confined or room-confined. I did not find clear evidence of this however in the records provided. The request is not medically necessary.

Bone stimulator for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Bone growth stimulators.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, under bone growth stimulators.

Decision rationale: This claimant was injured four years ago, and has lumbar pain post lumbar laminectomy. There is increasing back pain prompting the DME requests. There are no imaging studies documenting fusion failure and no evidence of a recent surgery. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs. (Kucharzyk, 1999) (Rogozinski, 1996) (Hodges, 2003) I was not able to locate in the records that any of these criteria were present in the case. This request is not medically necessary.