

Case Number:	CM13-0049643		
Date Assigned:	12/27/2013	Date of Injury:	12/06/2005
Decision Date:	03/05/2015	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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 & Rehabilitation

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 54 year-old male, who was injured on December 6, 2005, while performing regular work duties. The mechanism of injury is due to a slip and fall while detailing a car, resulting in neck and lumbar spine pain. The injured worker has persistent long term complaint of pain of the neck and back. The records indicate the injured worker has received treatment including back and neck surgeries, medications, trigger point injections, physical therapy, stretching exercises, heat packs, chiropractic treatment, and radiological imaging. The records indicate a lumbar spine surgery in May, 2006; neck surgery in November 2012; and another lumbar spine surgery in June of 2013. In a physical evaluation on September 3, 2013, the injured worker is found to have loss of range of motion in the cervical spine, tenderness to the neck and trapezius muscles, weakness of the left upper extremity, and tenderness of the lumbar spine area with a notable antalgic gait that favored the left leg. The request for authorization is for the purchase of a toilet seat riser, and a three month trial of a hot and cold therapy unit. The primary diagnosis on the application is follow-up examination following surgery. On October 28, 2013, Utilization Review non-certified the request for toilet seat riser, and a three month trial of a hot and cold therapy unit, based on MTUS, ACOEM, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PURCHASE OF A TOILET SEAT RISER: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Chapter, Durable medical equipment

Decision rationale: The patient presents with cervical and lumbar pain along with upper extremity pain, neck pain and cervicogenic headaches. The current request is for TOILET SEAT RISER PURCHASE per the 10/14/13 report. The reports do not state if the patient is working. ODG guidelines, Knee & Leg Chapter, Durable medical equipment, states "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. DME--below 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 treater states the patient requires this request for his lumbar spine disability. The reports show the patient is s/p four level cervical fusion and a recent lumbar fusion and is still experiencing significant post-operative pain. In this case, the ODG Knee & Leg Chapter provides some guidance regarding raised toilet seats which states they may be medically necessary as part of a treatment plan. The request meets DME definitions of: Can withstand repeated use; primarily to serve a medical purpose; Is not generally useful in the absence of illness or injury; Is appropriate for use in the patient's home. The request IS medically necessary.

A THREE MONTH TRIAL OF HOT/COLD THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Knee and Leg, Cold/heat packs, Continuous-flow cryotherapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter, Cryotherapy.

Decision rationale: The patient presents with cervical and lumbar pain along with upper extremity pain, neck pain and cervicogenic headaches. The current request is for HOT AND COLD THERAPY UNIT TRIAL THREE MONTHS. The RFA is not included. The reports do not state if the patient is working. MTUS is silent on hot/cold therapy units. ODG, Low Back Chapter, Cryotherapy, does discuss the use of cold/heat packs and does recommend treatment as an option for acute pain; however, it does not discuss hot/cold therapy unit. ODG, Knee & Shoulder Chapters, states continuous flow cryotherapy for post-operative use may be up to 7 days including home use. The 06/06/13 report by Dr. ■ discusses the denial of this request and states that at the time of the initial review surgery had not been authorized and the requested unit is to reduce post-operative pain and inflammation. The 06/19/13 operative report for PLIF L4-5 and L5-S1 is included. In this case, guidelines indicate some post-operative uses of the

requested unit for up to 7 days and this request is for three months. Furthermore, guidelines do not recommend this unit for the lower back. The request IS NOT medically necessary.