

Case Number:	CM13-0022156		
Date Assigned:	11/13/2013	Date of Injury:	02/14/2011
Decision Date:	01/27/2014	UR Denial Date:	08/26/2011
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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.

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 36-year-old gentleman who was injured on 02/14/11. The most recent clinical assessment for review is a 07/30/13 assessment with [REDACTED] stating ongoing complaints of left lower extremity pain and chronic low back complaints. The majority of the pain complaints were localized to the low back. Physical examination at that date showed restricted range of motion with 5/5 motor strength to the bilateral lower extremities, no sensory deficit, a positive left sided seated straight leg raise, and equal, and symmetrical distal reflexes. He was given the diagnosis of lumbar radiculopathy with chronic lumbar degenerative disc disease. Recommendations at that time were for a L5-S1 anterior lumbar interbody fusion with instrumentation for further treatment. A recent MRI of the lumbar spine was also recommended at that date. There is currently requests for use of a front wheeled walker, 3 in 1 commode for purchase, and a lumbar back brace for purchase. Records do not indicate that the surgery has been authorized or performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front wheel walker 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) Knee and leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official

Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure - Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a front wheeled walker would not be indicated. Surgery is being recommended in this case. There is no indication that it has been authorized, approved, or performed. Thus, the need of this postoperative durable medical device would not be indicated for purchase at this time.

3:1 commode for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure -Durable medical equipment (DME).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, durable medical equipment is recommended if it is primarily and customary use to serve a medical purpose and generally would not be useful to the claimant in the absence of illness or injury. While in a 3 in 1 commode would be indicated following lumbar fusion procedure, there is nothing indicating the procedure has been authorized, approved or performed at present. This specific role of this postoperative DME device would not be supported.

Lumbar back brace for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 9, 298, 301.

Decision rationale: Based on California MTUS Guidelines, the use of a back brace for purchase in this case cannot be supported. Guidelines criteria indicate that there is limited evidence for efficacy of lumbar supports beyond the acute phase of symptomatic relief or for supportive measures. While surgery is being requested at the L5-S1 level, there is no documentation that it has been approved, performed or supported at present. This specific role of purchase of the back brace in question is not indicated.