

<b>Case Number:</b>	CM13-0041697		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Neurology, and is licensed to practice in Massachusetts, Ohio and Texas. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59-year-old male who reported injury on 09/28/2010. The mechanism of injury was stated to be a slip and fall where the patient was noted to hit their head. The patient was noted to undergo a bilateral L4-5 medial facetectomy, foraminotomy and neurolysis of the exiting L4 nerve root and traversing L5 nerve root to complete a decompression of the spinal canal on 10/10/2013. The request was made for an off-the-shelf lumbar orthotic brace and a front-wheeled walker for 10/01/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Off-The-Shelf Lumbar Orthotic Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Complaints

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation

submitted for review indicated the patient underwent a single level decompression. It was indicated that the request was made because DME can cure or relieve the patient's symptoms associated with postsurgical care. However, there was a lack of documentation indicating the patient had a necessity for the lumbar support as it was one level that was decompressed. Given the above, the request for one off-the-shelf lumbar orthotic brace between 10/1/13 and 11/15/13 is not medically necessary.

**One front-wheeled walker:** 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);Chapter 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), Knee & Leg Chapter, Walking aids.

**Decision rationale:** Official Disability Guidelines recommend framed or wheeled walkers for patients with bilateral disease. The clinical documentation submitted for review indicated the physician was requesting a front-wheeled walker for the patient to help them recovery from their surgical procedure. It was indicated that the requested DME could cure or relieve the patient from signs or symptoms associated with postsurgical care. However, there was a lack of documentation indicating whether the requested service would be rented or purchased and there was a lack of documentation of exceptional factors to warrant non-adherence to guideline which indicate it is for patients with bilateral disease. Given the above, the request for one front-wheeled walker between 10/1/13 and 11/15/13 is not medically necessary.