

Case Number:	CM13-0045674		
Date Assigned:	12/27/2013	Date of Injury:	08/06/2003
Decision Date:	03/07/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational Medicine, 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on August 6, 2003. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, lumbar hemilaminectomy surgery, chiropractic manipulative therapy, and extensive periods of time off work on total temporary disability. A note dated August 21, 2013 states that the applicant is status post lumbar decompressive surgery in 2007. The applicant nevertheless has chronic low back pain. She is using a cane to move about, and has decreased sensorium about the lower extremities. She is asked to remain off of work, on total temporary disability, and pursue additional acupuncture. The applicant also underwent an epidural steroid injection and myelogram on August 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM guidelines, lumbar supports have not been shown to have any benefit beyond the acute phase of symptom relief. In this case, the applicant is quite clearly outside of the acute phase of symptom relief, with date of injury of October 27, 2010, and a history of prior lumbar spine surgery which seemingly preceded the industrial injury. Lumbar supports are not indicated in the chronic pain context present here. Accordingly, the device is not indicated and not certified.

The request for a 3:1 commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS does not address this issue at dispute; however, the Official Disability Guidelines do note that certain DME toilet items (i.e. commodes, etc.) are medically necessary if an applicant is bed-bound/bed-confined and/or has a condition that results in physical limitations. In this case, the applicant is ambulatory, albeit with the aid of a cane. She is able to move about and use the toilet of her own accord. No compelling case has been made for usage of a bed-side commode here. Accordingly, the request is not certified.

The request for a front-wheeled walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, it is recommended to make every attempt to maintain the applicant at maximum levels of activity, including work activities. In this case, the applicant has been able to manage and rectify her gait deficits through the use of a cane. She is able to move about with a cane. It is unclear why a walker would be needed or indicated here. Usage of a walker would, moreover, serve to minimize the applicant's overall levels of activity. This is not recommended, per the ACOEM. Accordingly, the proposed walker is not certified.