

Case Number:	CM13-0065085		
Date Assigned:	01/03/2014	Date of Injury:	01/02/2006
Decision Date:	08/01/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/12/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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/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 has a date of injury of January 2, 2006. He is a 55-year-old L. Under consideration R. prospective devices in the lower extremities following spinal surgery. On physical examination the patient is reduced range of motion lumbar spine and tenderness palpation lumbar spine my sutures. He's diagnosed with lumbar facet syndrome, displacement of vertebral disc, and myalgias. Patient is scheduled have lumbar surgery. At issue is whether assistive devices are needed after lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-IN-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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODg Knee and leg.

Decision rationale: The medical records do not indicate that this patient is severely disabled after lumbar spine surgery. The medical records do not indicate that the patient is unable to use a

conventional toilet. There is no documentation that the patient requires the use of a commode after surgery. Additional documentation is required to justify the use of commode.

21 DAY RENTAL OF Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 161, 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back chapter.

Decision rationale: Guidelines do not support the use of cold therapy of the lumbar surgery. No literature exists to support the use of cold therapy. Cold therapy has not been shown to improve outcomes of the lumbar spine surgery.

1 APOLLO LSO: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ogd low back pain.

Decision rationale: Guidelines do not support the use of a lumbar brace for degenerative low back pain. Also, a lumbar brace has not been shown to be effective after lumbar spine surgery. Guidelines do not support the use of the lumbar brace after conventional lumbar spine surgery. No literature is present to document improve outcomes with use of the lumbar brace after lumbar spine degenerative surgery.

1 FRONT WHEEL 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ogd Knee and low back chaptersb)After a professional and thorough review of the documents, my analysis is that the above listed issue.

Decision rationale: The medical records do not document the medical necessity of a walker. The patient is currently walking with a cane. There is no documentation that the patient cannot use a cane postoperatively. Criteria for use of a walker are not met.