

Case Number:	CM13-0065814		
Date Assigned:	01/03/2014	Date of Injury:	06/27/2013
Decision Date:	05/23/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in 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 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 injured worker is a 35-year-old male who reported an injury on 06/27/2013, secondary to heavy lifting. Current diagnoses include congenital stenosis, lumbar disc herniation with radiculopathy, bilateral foraminal stenosis, and groin pain. The most recent physician progress report submitted for this review is documented on 01/08/2014. The injured worker reported excruciating back pain with radiation to bilateral lower extremities. Physical examination revealed guarding, decreased range of motion, positive straight leg raising bilaterally, diminished strength bilaterally, and decreased sensation in the S1 nerve distribution. Treatment recommendations included continuation of current medication and a urine drug screen. It is noted that the injured worker was awaiting authorization for an L4-5 and L5-S1 decompression and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR BRACE PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG LOW BACK (UPDATED 10/9/13), BACK BRACE, POST OPERATIVE (FUSION).

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker does not demonstrate significant instability upon physical examination. The medical necessity for the requested durable medical equipment has not been established. Therefore, the request is non-certified.

FRONT WHEEL WALKER 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 (UPDATED 11/21/13), WALKING AIDS (CANES, CRUTCHES, BRACES, ORTHOSES, AND WALKERS).

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 (CANES, CRUTCHES, BRACES, ORTHOSES, & WALKERS).

Decision rationale: Official Disability Guidelines state walking aides are recommended for specific indications. As per the documentation submitted, there is no indication that this injured worker requires an assistive device for ambulation. There was no documentation of significant instability upon physical examination. The medical necessity for the requested durable medical equipment has not been established. As such, the request is non-certified.