

<b>Case Number:</b>	CM14-0009016		
<b>Date Assigned:</b>	05/28/2014	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 is a 51-year-old male with chronic low back pain. The date of injury was November 2009. In November 2013, the patient underwent L4-5 discectomy fusion and nerve root decompression. The patient continues to have chronic low back pain. At issue is whether Thoracic-Lumbar-Sacral Orthosis (TLSO) brace is medically needed. Also at issue is whether front wheel walker is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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), Knee and leg, Hip and Pelvis.

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

**Decision rationale:** The medical records do not indicate that the patient has difficulty with ambulation. The medical records do not indicate that the patient is bedbound or room confined. There is no evidence in the medical records to support the knee for walker. Since there is no evidence to justify the need for a walker, the request is not certified.

**3-1 COMMODE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

**Decision rationale:** The medical records do not indicate that the patient has any functional limitations requiring a commode. Lack evidence exists to establish the need for a commode. There is no evidence that the patient cannot use the restroom. The medical necessity for commode not established. As such, the request is not certified.

**TLSO (BACK BRACE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The patient had lumbar fusion surgery pedicle screws. The medical necessity of bracing after lumbar fusion with pedicle screw rigid fixation has not been established. There is no indication the patient has an unstable spine. There is no indication the patient has any diagnosis in which a lumbar brace has been shown to be beneficial and improve functional outcome. Since the medical necessity for lumbar brace has not been established, the request is not certified.