

Case Number:	CM14-0111035		
Date Assigned:	08/01/2014	Date of Injury:	01/17/1994
Decision Date:	09/25/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/16/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 56-year-old female who has submitted a claim for displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury date of January 17, 1994. Medical records from 2014 were reviewed, which showed that the patient complained of chronic low back pain that radiates to bilateral lower extremities. Sitting, standing and walking for about an hour were known aggravators of the patient's pain. Examination showed tender lumbar musculature, reduced ROM, positive leg raising test, Braggard's test and Kemp's test. Lower extremity strength was 5/5 except for bilateral tibialis anterior and extensor hallucis longus, which were 4/5. Lower extremity reflexes were intact. Sensation to light touch was decreased over the posterior lateral calf. An x-ray on 4/25/14 revealed spondylolisthesis with retrolisthesis at L4-5. MRI dated 7/10/12 showed endplate changes at L4-5, L3-4 and L5-S1. There was annular prominence with left greater than right facet arthropathy with left greater than right lateral recess and proximal foraminal compromise. Treatment to date has included medications, acupuncture, physical therapy, and epidural steroid injections. A single-level decompressive procedure was being contemplated. Utilization review from June 10, 2014 denied the request for Lumbar Spine Brace, Front Wheeled Walker and Commode: 3 in 1. The request for lumbar brace was denied because the patient was not undergoing a lumbar fusion and the provider agreed to waive the request. The request for a wheeled walker was denied because the purpose for it was unclear and the provider mentioned that depending on the age of the patient, she may or may not need it. The request for the three-in-one commode was denied because the patient's procedure was just a single-level decompressive procedure and not a fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (Lumbar Brace).

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, Lumbar Supports.

Decision rationale: CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that lumbar support is not recommended for prevention of back pain. A systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. In this case, the patient complained of low back pain radiating down bilateral lower extremities, which prompted request for back brace. However, the guidelines do not recommend the use of lumbar support for prevention of back pain. There was no discussion as to why variance from the guidelines is needed. Furthermore, the provider had already agreed to waive this request according to the UR. Therefore, the request for Lumbar Spine Brace is not medically necessary.

Front Wheeled Walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308, Postsurgical Treatment Guidelines.

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 chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, frames or wheeled walkers are preferable for patients with bilateral disease of knees and legs. In this case, the patient did experience pain in her bilateral lower extremities but as radiation from her primary low back pain. She was able to walk and stand independently for an hour. The indication for a walker at this time is not clear. Therefore, the request for front-wheeled walker is not medically necessary.

Commode: 3 in 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Durable medical equipment (DME).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, the records show that the patient can stand and walk independently. The indication for a commode at this time is not clear. Therefore, the request for a commode is not medically necessary.