

<b>Case Number:</b>	CM14-0131463		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 49 year old female with a date of injury of 9/19/12. The listed diagnoses per [REDACTED] are lumbar disc protrusion at L5-S1 and right lower extremity radiculopathy. According to progress report 6/11/14 the patient presents with low back pain that radiates into her legs with weakness and tingling. Examination revealed tenderness to palpation, guarding and spasm in the right para vertebral region. Range of motion is decrease and sensory exam revealed decreased sensation at L4-S1 and right root. MRI from 4/2/14 demonstrated moderate right lateral recess narrowing at L5-S1. The treating physician is requesting lumbar surgery, post op clearance and DME Utilization review denied the request on 7/28/14. Treatment reports from 1/7/14 through 6/11/14 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Front Wheel Walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Knee and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter has the following regarding Walking aids

**Decision rationale:** This patient presents with chronic low back pain. The treating physician is recommending front wheel walker for post-operative use. Utilization review denied the request but did not provide a rationale for the denial. ODG guidelines under its Knee Chapter have the following regarding Walking aids. "Recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices." The medical file indicates that the patient has been certified for a posterior lumbar laminectomy and discectomy on 7/22/14. In this case, the treating physician is requesting a front wheel walk as the patient may have difficulties with ambulation following his low back surgery. The request is medically necessary.

**Back Brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter has the following regarding back Brace for post-operative (fusion)

**Decision rationale:** This patient presents with chronic low back pain. The treating physician is recommending a back brace for post op use. Utilization review denied the request but did not provide a rationale for the denial. The medical file indicates that the patient has been certified for posterior lumbar laminectomy and discectomy on 7/22/14. ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its Low Back Chapter has the following regarding back Brace for post-operative (fusion) use, "under study.... There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease." ODG further states that "There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures, etc.) in which some external immobilization might be desirable. (Resnick, 2005)" ODG states that bracing after fusion is under study and consideration is made for "special circumstances," which in this case does not apply to this patient. The patient is not scheduled for fusion surgery. The requested lumbar brace for post-op use is not medically necessary.