

<b>Case Number:</b>	CM14-0140810		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/20/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2014

### 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 Occupational Medicine, 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:

There were 57 pages provided for this review. The patient is a 51-year-old man who was injured reportedly lifting a 600 pounds cart over a curb on February 20, 2012. Since then he has had low back pain radiating down the left leg to the calf. The patient had a trial of conservative treatment including physical therapy, chiropractic, epidural, acupuncture and persistent symptoms. When he goes from sitting to standing, he has to get up very gradually and slowly. There is decreased sensation in the left at L5 and S1 distribution. He has a solid fusion at L4-L5-S1 and anterolisthesis of L4 on L5. The patient has had a trial of conservative treatment that includes physical therapy, chiropractic, acupuncture and epidurals but his pain is still severe.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic Lumbar Sacral Orthosis Custom Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Supports (Updated 7/3/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**Decision rationale:** The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has had the injury for several years; per MTUS the brace would no longer be effective, and is not medically necessary.

**3 : 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: Knee and Leg (6/5/14) Durable Medical Equipment (DME)

**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: Labor Code 4600(a)

**Decision rationale:** Labor Code 4600(a) notes that care is medical, surgical, chiropractic, acupuncture, and hospital treatment including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. This item is more a personal convenience item, unless the claimant is bed-confined or room-confined, and not a medical treatment. I did not find clear evidence that the patient was bed-bound or room confined in the records provided. The request is not medically necessary.

**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: Knee and Leg (Updated 6/5/14) 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 and Foot sections, under Walking Aids.

**Decision rationale:** The MTUS is silent, regarding walking aids, the ODG notes in the Knee and Ankle sections: Recommended, as indicated below, almost half of patients with knee pain or other issues that impair ambulation possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Non-use is associated with less need, negative outcome, and negative evaluation of the walking aid. (Van der Esch, 2003). In this case, the status of disability, pain and age-related impairment is not fully expounded on to support the request. The request is not medically necessary.