

Case Number:	CM14-0165917		
Date Assigned:	10/13/2014	Date of Injury:	02/21/2000
Decision Date:	12/08/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 64-year-old male with a date of injury of 02/21/2000. The listed diagnoses per [REDACTED] are: 1. L3 to L4 instability and stenosis (junctional syndrome) status post L4 to S1 fusion on 03/22/2003. 2. Depression. According to progress report 09/02/2014, the patient presents with persistent low back pain and bilateral leg pain. Examination revealed antalgic gait on the right. It was noted the patient is not utilizing any assistive devices. There is tenderness about the lumbar paraspinal muscle and thoracic paraspinal muscle and spasm noted with motion. The patient can flex to 35 degrees and extend to 15 degrees. Rotation is 40 degrees and lateral bending is 20 degrees. There is decreased sensation about the L5 dermatomes bilaterally. Muscle strength was noted as 5/5 in all major muscle groups in the lower extremities. MRI of the lumbar spine from 08/25/2014 revealed slight spondylolisthesis at L3 to L4 and annular tear. There is stenosis at L3 to L4. The treater states that the patient has instability with spondylolisthesis and has failed long course of nonsurgical treatment and is requesting revision low back surgery. He is also requesting postoperative medication, physical therapy, and DME. Utilization review denied the request on 09/30/2014. Treatment reports from 06/16/2014 through 09/02/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase 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 & Leg Chapter, 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 chapter, walking aids

Decision rationale: This patient presents with chronic low back pain. The treater in his 09/02/2014 report recommended revision low back surgery. This is a request for purchase front-wheeled walker. Utilization review on 09/30/2014 denied the requested revision lumbar surgery and request for walker. MTUS guidelines do not discuss walkers. ODG guidelines regarding walking aids under the Knee section state that walking aids for the ankle are recommended for patients with conditions causing impaired ambulation, when there is potential for ambulation with these devices. In this case, a walking aid is not medically necessary for this patient, as he does not present with any issues with ambulation. Recommendation is for denial.

Purchase 3 in 1 commode: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Durable Medical Equipment

Decision rationale: This patient presents with chronic low back pain. This is a request for purchase 3-in-1 commode for postoperative use. Review of the medical file indicates the patient was not authorized for the requested revision lumbar surgery by utilization review on 09/30/2014. The ACOEM and MTUS guidelines do not discuss commodes. ODG guidelines have the following under Durable Medical Equipment, "Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home." ODG does not support durable medical equipments such toilet supplies. Recommendation is for denial.

Purchase back brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Back Brace, Post Operative (Fusion)

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, lumbar supports

Decision rationale: This patient presents with chronic low back pain. The treater has requested a revision low back surgery and back brace. 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, lumbar supports states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment ODG further states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." The treater has indicated that the patient has instability and spondylolisthesis at the L3 to L4 level. The requested back brace is within guidelines and recommendaiton is for approval.