

<b>Case Number:</b>	CM14-0056763		
<b>Date Assigned:</b>	04/29/2014	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	04/28/2014

### 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 Hampshire, New York, and Washington. 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 47-year-old male who complains of chronic back pain and leg pain. He also suffers from depression. The patient's date of injury is August 3, 2011. On physical examination he favors the left leg when walking. Range of motion of the lumbar spine is diminished. There is tenderness to palpation of the lumbar spine. Straight leg raise test is positive on the left. Imaging studies included an MRI the lumbar spine from September 2012 which showed L1 compression fracture. There is grade 1 retrolisthesis of L4. There is a disc protrusion at L5-S1. Electrodiagnostic study from January 2012 documented normal findings revealing no evidence of lumbar radiculopathy. The patient has been diagnosed with multiple lumbar disc protrusions and left lower extremity radiculopathy or radiculitis. There is a history of L1 compression fracture. The medical records indicate that the patient has failed conservative management. Conservative measures are not well-documented. At issue is whether postoperative devices for LSO brace, commode, grabbed a hot cold unit are medically necessary. There is attending request for lumbar spine interbody fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A COMMODORE:** 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, Durable Medical Equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, DME Rules

**Decision rationale:** The use of a commode is not medically necessary at this time. Specifically, the postoperative need has not been established. The patient has not been evaluated at the end of a hospital stay after surgery to determine whether additional assistive devices are medically necessary. Also, the devices are not needed at this time preoperatively. It is also not been established that the surgery is medically necessary at this time. Therefore, the commode cannot be found as medically necessary.

**A GRABBER:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, DME

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, DME Rules.

**Decision rationale:** The use of a grabber is not medically necessary at this time. Specifically, the postoperative need has not been established. The patient has not been evaluated at the end of a hospital stay after surgery to determine whether additional assistive devices are medically necessary. Also, the devices are not needed at this time preoperatively. It is also not been established that the surgery is medically necessary at this time. Therefore, the grabber cannot be found as medically necessary.

**A FRONT WHEELED WALKER WITH A SEAT: 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 ODG, DME Rules.

**Decision rationale:** The use of a front wheeled walker is not medically necessary at this time. Specifically, the postoperative need has not been established. The patient has not been evaluated at the end of a hospital stay after surgery to determine whether additional assistive devices are medically necessary. Also, the devices are not needed at this time preoperatively. It is also not been established that the surgery is medically necessary at this time. Therefore, the front wheeled walker cannot be found as medically necessary.

**A LUMBAR SACRAL ORTHOTIC (LSO) BACK BRACE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Back Brace.

**Decision rationale:** Lumbar bracing has not been shown to be beneficial in cases of lumbar disc degeneration without new fracture tumor or instability. Guidelines do not support the use of lumbar bracing for degenerative back conditions. Also, the use of a postoperative back brace is not medically necessary at this time. Specifically, the postoperative need for these items has not been established. The patient has not been evaluated at the end of a hospital stay after surgery to determine whether additional assistive devices are medically necessary. Therefore, the back brace is not needed at this time preoperatively. It is also not been established that the surgery is medically necessary at this time. Therefore, the LSO back brace cannot be found as medically necessary.