

<b>Case Number:</b>	CM14-0058684		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/09/2003
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Pain Medicine & 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 46 year old male with date of injury 4/9/03. The injury arose when he fell backwards out of a truck landing on his back. The treating physician report dated 1/29/14 indicates that the patient presents with chronic pain affecting the cervical spine with pain radiating into the lateral forearms with paresthesia of the first three digits of both hands. Lower back pain is rated a 4-7/10 with radiating pain into the anterior thighs as well as calves and feet. Lumbar MRI dated 1/23/14 shows L4/5 left side lateral recess stenosis with a 3mm HNP and annular tear. The current diagnoses are: 1.Spinal stenosis lumbar2.Lumbar disc herniationThe utilization review report dated 4/17/14 denied the request for standard lumbar brace, walker and 3 in 1 commode based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Standard Lumbar Brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatemnt in Workers Compensation, Chapter: Low Back-Lumbar & Thoracic Lumbar supports.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The patient presents with chronic lumbar pain with radicular pain affecting the left leg greater than right. The surgeon in this case has requested a left sided L4/5 lumbar micro-decompression surgery that was performed on 6/3/14. The current request is for a standard lumbar brace. The MTUS guidelines do not address lumbar bracing post surgically. The ODG Guidelines state that lumbar bracing may be a conservative option for the treatment of lower back pain. ODG does support bracing for post-surgical fusion of the lumbar spine on a case by case basis. The surgeon in this case has requested post-surgical usage of a standard lumbar brace due to the expected difficulty with walking following surgery. Recommendation is for authorization of a standard lumbar brace.

**L0631 Walker:** Overturned

**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) Knee Chapter.

**Decision rationale:** The patient presents with chronic lumbar pain with radicular pain affecting the left leg greater than right. The surgeon in this case has requested a left sided L4/5 lumbar micro-decompression surgery that was performed on 6/3/14. The current request is for a walker. The MTUS guidelines do not address walkers for post-surgical usage. The ODG Guidelines lumbar chapter is silent on walkers and the knee chapter supports the usage of a walker. ODG states for Durable Medical Equipment that the device is recommended if it meets Medicare's definition of DME. In this case the surgeon has recommended the usage of a walker to assist the patient with ambulation post-surgically. The request meets the Medicare criteria for DME and the surgeon has stated that the walker is medically necessary due to muscle weakness. The recommendation is for authorization of a walker.

**Three in one commode:** Overturned

**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).

**Decision rationale:** The patient presents with chronic lumbar pain with radicular pain affecting the left leg greater than right. The surgeon in this case has requested a left sided L4/5 lumbar micro-decompression surgery that was performed on 6/3/14. The current request is for a 3 in 1 commode. The surgeon has requested a 3 in 1 commode for the patient to use post surgically as the patient will have severe difficulty walking following surgery. The MTUS guidelines do not address 3 in 1 commodes. The ODG Guidelines states for Durable Medical Equipment that the device is recommended if it meets Medicare's definition of DME. In this case the surgeon has recommended the usage of a 3 in 1 commode to be used following surgery due to decreased

ambulation post-surgically. The request meets the Medicare criteria for DME and the surgeon has stated that the 3 in 1 commode is medically necessary for the patient due to muscle weakness. The recommendation is for authorization of a 3 in 1 commode.