

<b>Case Number:</b>	CM14-0093617		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; a lumbar support; epidural injection therapy; and apparent consultation with a spine surgeon, who recommended a spine surgery. In a June 11, 2014 Utilization Review Report, the claims administrator partially certified a request for 18 sessions of postoperative physical therapy as eight sessions of postoperative physical therapy, denied a front-wheeled walker, and denied a three-in-one commode. The claims administrator did, however, approved an L4-L5 microdiscectomy and laminotomy, invoking non-MTUS ODG guidelines despite the fact that the MTUS addressed the topic. The applicant's attorney subsequently appealed. In a May 21, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg. It was suggested that the applicant had not worked for the past several months. Corticosteroid injection therapy and physical therapy had provided only negligible benefit, it was stated. The applicant stated that his left leg was giving way. 4-5/5 left lower extremity strength was noted versus 5/5 right lower extremity strength. An L4-L5 microdiscectomy-laminectomy procedure, 18 sessions of postoperative physical therapy, and various articles of postoperative DME, including a lumbar spine brace, a front-wheeled walker, and a three-in-one commode were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **18 Post-Op session of Physical Therapy: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** As noted in MTUS an initial course of therapy meets one-half of the number of visits specified in the general course of therapy for the specific surgery. MTUS goes on to endorse a general course of 16 sessions of treatment following a lumbar laminectomy/discectomy surgery, as was sought and approved here. One-half of 16, thus, represent an 8 course of treatment. The 18-session course of postoperative therapy proposed, thus, runs well in excess of the MTUS parameters and principles. No applicant-specific rationale for treatment this far in excess of the MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.

## **Lumbar spine brace: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant is well outside of the acute phase of symptom relief following an industrial injury of October 11, 2013. Provision of a lumbar support/lumbar brace is not indicated for the postoperative use purpose for which it is seemingly being proposed here. It is not, thus, indicated for the postoperative use purpose for which it is seemingly being proposed here. Therefore, the request is not medically necessary. While this is, strictly speaking, a postoperative request as opposed to an acute-to-sub acute request, MTUS stipulates that the Postsurgical Treatment Guidelines shall apply together with any other applicable treatment guidelines found within the MTUS. Since ACOEM Chapter 12, page 301 did address the need for the lumbar brace/lumbar support, it was invoked therefore, this request is not medically necessary.

## **Front wheeled walker: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, making a reattempt to maintain an applicant at "maximum levels of activity," including work activities, is recommended. Provision of a walker, thus, runs counter to ACOEM principles. It was not established why the applicant would be so profoundly immobile that he would require postoperative usage of a walker. For instance, the applicant was described as managing with a cane on an April 25, 2014 office visit. It is further noted that the applicant's current mobility deficits could (and likely will) be ameliorated as a result of the proposed discectomy/ laminectomy surgery and should, if successful, obviate the need for the proposed walker. Therefore, the request is not medically necessary. Again, this is, strictly speaking a postoperative case as opposed to an acute-to-sub acute injury. However, MTUS does stipulate that the Postsurgical Treatment Guidelines shall apply together with any other applicable treatment guidelines found within the MTUS. In this case, since ACOEM Chapter 12, page 301 did address the topic at hand, it was invoked therefore, this request is not medically necessary.

**3 in 1 commode:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, debilitation and irritation can result from prolonged bed rest. Provision of a bedside commode implies that the applicant will be bedridden and/or room-confined for a lengthy amount of time postoperatively. However, it has not been established that the applicant would necessarily be bedridden or profoundly immobile following the planned lumbar spine surgery. Provision of a commode, thus, would run counter to ACOEM principles and parameters as, by implication, it implies that bed rest and/or protracted immobility will inevitably result from the planned lumbar spine surgery. No compelling applicant-specific rationale for provision of the commode was proffered by the attending provider. Therefore, the request is not medically necessary. Again, while this is, strictly speaking, a postoperative request, MTUS does stipulate that the Postsurgical Treatment Guidelines shall apply together with any other applicable treatment guidelines found within the MTUS. Since ACOEM Chapter 12, page 301 did obliquely address the request at hand, it was invoked therefore, this request is not medically necessary.