

<b>Case Number:</b>	CM13-0005210		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

### 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 41 year old male who sustained a cumulative work related injury on June 18, 2010. The injured worker tripped over a wooden pallet, twisting and falling on his lower back. A magnetic resonance imaging (MRI) on May 29, 2013 demonstrated a 2mm midline disc protrusion at L4-L5 resulting in effacement of the anterior thecal sac with no neural abutment or central canal narrowing, a posterior annular tear at L4-L5 and a transitional L5 vertebra. There is no documentation of prior treatment modalities or surgical interventions to the back. There is no current treatment modalities documented and current medications are noted as Norco and Ambien. The patient had a left below the knee amputation (no date documented). There is discussion regarding a proposed lumbar interbody fusion; no proposed date is noted. The durable medical equipment (DME's) is requested for postoperative care. The patient continues to experience low back pain radiating bilaterally with left pain greater than right according to the physician's report on June 5, 2013. The injured worker's disability status was not documented. The physician requested authorization for a 3-in-1 Commode, Front Wheel Walker, Game Ready/Cold Unit, and a TLSO Brace to be used postoperative lumbar fusion surgery (no date documented). On July 10, 2013 the Utilization Review denied certification for the 3-in-1 Commode, Front Wheel Walker, Game Ready/Cold Unit, and a TLSO Brace. The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG) do not reference the specific requests, therefore alternative Official Disability Guidelines (ODG) regarding Low Back along with Knee and Leg Chapters were utilized in the decision process.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TLSO brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**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 section, Back brace, post-operative (fusion)

**Decision rationale:** The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be used as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). The ODG also states that back braces after fusion is still under study, but the use of a standard brace would be preferred over a custom post-op brace, if any was recommended to the patient. Due to the lack of evidence on bracing being helpful in the setting of internal fixation fusion surgery, and the potential risk of immobilization leading to debilitation and stiffness, it is generally not recommended. Some special circumstances such as multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures, and other extreme cases may benefit from external immobilization. In the case of this worker, she was being offered a lumbar fusion surgery and along with it a postoperative lumbar brace. However, the need for a lumbar brace has not been evidenced in the limited documentation provided. Although the intention was to be prepared ahead of time to allow for the worker to be able to access the lumbar brace on time if she required it, the necessity needs to be proved prior to the approval, and there was no evidence of any of the criteria being met as stated above. Therefore, the lumbar brace is not medically necessary at this time.

**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 and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Leg and Knee section, Walking aids (canes, crutches, braces, orthoses, & walkers)

**Decision rationale:** The MTUS does not address the use of walking aids such as walkers. The ODG, however, states that they are generally recommended based on the degree of disability, pain, and age-related impairments. Nonuse of these aids leads to less need, less negative outcome, and less negative evaluation of the walking aid. However, a walker may be considered

for those with bilateral leg disease/disability, but not for unilateral leg disease/disability. In the case of this worker, there was a wheel walker recommended intended to be used following her proposed lumbar fusion surgery. Having this walker available prior to her surgery and prior to knowing whether or not she might require it following the surgery, seems premature and inappropriate. Until a significant inability to ambulate safely without aid, use of the wheeled walker cannot be justified at this time and will be considered medically unnecessary.

**3-IN-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 (ODG), Knee and Leg, DME

**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 Leg, DME

**Decision rationale:** The MTUS Guidelines are silent in regards to durable medical equipment (DME). The ODG, however, states that durable medical equipment may be recommended generally if there is a medical need and if the device or system meets Medicare's definition of a DME: 1. Can withstand repeated use, i.e., could normally be rented, and used by successive patients; 2. Is primarily and customarily used to serve a medical purpose; 3. Generally is not useful to a person in the absence of illness or injury; and 4. Is appropriate for use in a patient's home. In the case of this worker, a 3-in-1 commode was recommended to be available for after her proposed lumbar fusion surgery in order to reduce the need for help at home. However, for any equipment to be approved, there needs to be current evidence of the need for the device. There was no indication from the documentation provided that the worker was currently experiencing an inability to walk to her own toilet without assistance. Therefore, the commode is not medically necessary at this time.

**Game/ Ready/ Cold Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg; Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Lower Back section, Cold/heat packs

**Decision rationale:** The MTUS ACOEM Guidelines state that for low back injuries/pain, at home applications of cold are as effective as those performed by therapists. The ODG states that cold packs are recommended as an option for acute pain (first few days after injury). There is insufficient evidence to suggest any continuous flow cryotherapy device is to be recommended over a simpler home cold pack. In the case of this worker, there was no evidence that she would have needed a specialized device for cold therapy post-surgically, as this device was intended to

be used. The evidence does not support its general use for post lumbar surgery use, and therefore, the Game Ready Cold unit will be considered medically unnecessary.