

<b>Case Number:</b>	CM14-0185101		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	10/17/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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. 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: California

Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 32 year old male, who sustained an industrial injury on October 17, 2013. He reported sharp low back pain. The injured worker was diagnosed as having right-sided lumbar 5-sacral 1 disc herniation with radiculopathy. Treatment to date has included MRI, x-rays, acupuncture, epidural steroid injections, work modifications and pain, muscle relaxant, and non-steroidal anti-inflammatory medications. On September 24, 2014, the injured worker complains of intermittent back and right leg pain. The physical exam revealed tenderness about the lumbar paraspinal muscles, no deformity, a tender right buttock, tender sciatic notch, positive right straight leg raise, mildly decreased range of motion, no instability, normal strength, diminished sensation to the right lumbar 5 and sacral 1 dermatomes, and normal lower extremity reflexes. The treatment plan includes a front-wheel walker for postoperative ambulation after a right-sided microscopic hemilaminectomy and discectomy at lumbar 5-sacral 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Post Operative use of a front wheel walker and back brace for symptoms related to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Walking aids and Official Disability Guidelines, Low back.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of walking aids. According to the ODG, Knee and Leg, Walking aids, is recommended for patients with osteoarthritis. In this case, there is insufficient evidence from the records from 9/24/14 of significant osteoarthritis or functional impairment to warrant a walking aid. Therefore, the request is not medically necessary. CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." There is no evidence of an acute back injury from the exam note of 9/24/14. Therefore, the request does not meet recommended guidelines and the request is not medically necessary.