

Case Number:	CM14-0060332		
Date Assigned:	07/09/2014	Date of Injury:	06/18/1999
Decision Date:	04/08/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 6/18/1999. The diagnoses have included status post lumbar laminectomy/discectomy at L5-S1 (4/15/2002). Treatment to date has included cryotherapy, medications and surgical intervention. Currently, the IW complains of continued lumbar spine pain. Objective findings included mild tenderness to palpation of the lumbar spine with moderate spasm. Sensory examination is normal. There is decreased range of motion to the lumbar spine. On 4/13/2014, Utilization Review non-certified a request for one TLSO brace, game ready cold unit, front wheel walker and 3 in 1 commode noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 5/1/2014, the injured worker submitted an application for IMR for review of one TLSO brace, game ready cold unit, front wheel walker and 3 in 1 commode.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TLSO brace: 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 Official disability guidelines chapter "Low Back Pain" and Title "Lumbar Supports."

Decision rationale: The 52 year old patient presents with increasing pain in lower back radiating to bilateral lower extremities along with pain in bilateral hands and wrists, and left shoulder, as per AME report dated 03/26/14. The request is for 1 TLSO BRACE. There is no RFA for this case, and the patient's date of injury is 06/18/99. Medications included Norco, Morphine, Tizanidine, Gabapentin, Hydrocodone and Prozac, as per the AME report dated 03/26/14. The pain is rated at 5-6/10 on average. Diagnoses included left ankle Achilles tendinitis, cervical sprain/strain, and left shoulder strain. The patient is status post lumbar laminectomy/discectomy at L5-S1 on 04/15/02, status post left carpal tunnel release on 06/16/00, status post right carpal tunnel release on 08/14/01, and status post right thumb trigger release in 1999. The patient never returned to work, as per the same AME report. ODG Guidelines, chapter "Low Back Pain" and Title "Lumbar Supports", state that lumbar supports such as back braces are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use." In this case, only one progress report dated 02/07/14 has been provided which is handwritten and illegible. As per AME report, the patient suffers from chronic lower back pain. As per physician's appeal letter, dated 01/13/13, the treater is requesting for L5-S1 anterior lumbar interbody fusion and states that the "back brace provides cushion and prevents unnecessary static positions postoperatively that might only delay her recovery. It is specifically designed to take load sharing off muscles and provided compression, warmth, as well as maintains proper spine alignment and cushioning to paravertebral soft tissues." ODG guidelines, however, state that back braces are "under study for post-operative use." Hence, the request IS NOT medically necessary.

Game ready/cold unit: 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 Official disability guidelines chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Cold/heat packs' states that hot/cold treatments.

Decision rationale: The 52 year old patient presents with increasing pain in lower back radiating to bilateral lower extremities along with pain in bilateral hands and wrists, and left shoulder, as per AME report dated 03/26/14. The request is for GAME READY / COLD UNIT. There is no RFA for this case, and the patient's date of injury is 06/18/99. Medications included Norco, Morphine, Tizanidine, Gabapentin, Hydrocodone and Prozac, as per the AME report dated 03/26/14. The pain is rated at 5-6/10 on average. Diagnoses included left ankle Achilles tendinitis, cervical sprain/strain, and left shoulder strain. The patient is status post lumbar laminectomy/discectomy at L5-S1 on 04/15/02 status post left carpal tunnel release on 06/16/00,

status post right carpal tunnel release on 08/14/01, and status post right thumb trigger release in 1999. The patient never returned to work, as per the same AME report. ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Cold/heat packs' states that hot/cold treatments are "Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs." In this case, only one progress report dated 02/07/14 has been provided which is handwritten and illegible. As per AME report, the patient suffers from chronic lower back pain. As per physician's appeal letter, dated 01/13/13, the treater is requesting for L5-S1 anterior lumbar interbody fusion and states that the "Cold therapy unit was recommended to temporarily ease pain, swelling, and edema in the immediate post-operative therapy." The treater also states that the cold therapy unit provides "better symptom relief and significant comfort as compared to traditional ice therapy." ODG guidelines also support use of cold therapy to manage acute pain after surgery. However, it is not clear if the current request is for purchase or rental. Additionally, the treater does not discuss the duration of the treatment. The reports lack information required to make a determination based on ODG guidelines. Hence, the request IS NOT medically necessary.

Front wheel 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 chapter 'Knee & Leg (Acute & Chronic)' and 'Walking Aids'.

Decision rationale: The 52 year old patient presents with increasing pain in lower back radiating to bilateral lower extremities along with pain in bilateral hands and wrists, and left shoulder, as per AME report dated 03/26/14. The request is for FRONT WHEEL WALKER. There is no RFA for this case, and the patient's date of injury is 06/18/99. Medications included Norco, Morphine, Tizanidine, Gabapentin, Hydrocodone and Prozac, as per the AME report dated 03/26/14. The pain is rated at 5-6/10 on average. Diagnoses included left ankle Achilles tendinitis, cervical sprain/strain, and left shoulder strain. The patient is status post lumbar laminectomy/discectomy at L5-S1 on 04/15/02, status post left carpal tunnel release on 06/16/00, status post right carpal tunnel release on 08/14/01, and status post right thumb trigger release in 1999. The patient never returned to work, as per the same AME report. The ACOEM and MTUS Guidelines do not discuss wheeled walkers. The ODG Guideline provides a discussion regarding walking aids under its knee chapter. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and 'Walking Aids', states that walkers are "Recommended for patients with conditions causing impaired ambulation when there is a potential for ambulation with these devices." In this case, only one progress report dated 02/07/14 has been provided which is handwritten and illegible. As per AME report, the patient suffers from chronic lower back pain. As per physician's appeal letter, dated 01/13/13, the treater is requesting for L5-S1 anterior lumbar interbody fusion and states that the front wheel walker will provide better symptom relief when compared to the cane that the patient has been using. "It is used as adjunctive to her postoperative physical therapy to enable her to progress to her own rehabilitation and better facilitate surgical motion outcomes."

The patient clearly has issues with ambulation as she has been using a cane in the past. The treater's request for a walker is reasonable and consistent with ODG guidelines. Hence, the request IS medically necessary.

3-in-1 Commode for post-operative management of the lumbar spine (Unspecified if rental or purchase): 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 Knee and leg chapter, DME.

Decision rationale: The 52 year old patient presents with increasing pain in lower back radiating to bilateral lower extremities along with pain in bilateral hands and wrists, and left shoulder, as per AME report dated 03/26/14. The request is for 3 in 1 COMMODORE FOR POST-OPERATIVE MANAGEMENT OF THE LUMBAR SPINE (UNSPECIFIED IF RENTAL OR PURCHASE). There is no RFA for this case, and the patient's date of injury is 06/18/99. Medications included Norco, Morphine, Tizanidine, Gabapentin, Hydrocodone and Prozac, as per the AME report dated 03/26/14. The pain is rated at 5-6/10 on average. Diagnoses included left ankle Achilles tendinitis, cervical sprain/strain, and left shoulder strain. The patient is status post lumbar laminectomy/discectomy at L5-S1 on 04/15/02, status post left carpal tunnel release on 06/16/00, status post right carpal tunnel release on 08/14/01, and status post right thumb trigger release in 1999. The patient never returned to work, as per the same AME report. The MTUS guidelines do not address durable medical equipment (DME). The ODG guidelines for DME states, "Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations." In this case, only one progress report dated 02/07/14 has been provided which is handwritten and illegible. As per AME report, the patient suffers from chronic lower back pain. As per physician's appeal letter, dated 01/13/13, the treater is requesting for L5-S1 anterior lumbar interbody fusion and states that the patient has difficulty raising from a seated position. The commode will be "more safe and advantageous for her lumbar spine condition." The patient does have physical limitations. Hence, this request IS medically necessary.