

Case Number:	CM15-0002682		
Date Assigned:	01/13/2015	Date of Injury:	06/19/2005
Decision Date:	04/10/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 who sustained a work related injury when he was struck in the head and right shoulder by a truss weighing over 100 pounds on June 19, 2005. The injured worker is diagnosed with cervical radiculitis, failed lumbar back surgery syndrome, post lumbar laminectomy syndrome, status post lumbar spine fusion, lumbar radiculopathy, headaches, depression, gastroesophageal reflux disorder (GERD) and iatrogenic opioid dependency. The injured worker underwent a posterior decompression and lumbar interbody fusion L4-L5 and L5-S1 in 2008. A trial Spinal Cord Stimulator (SCS) was placed on April 7, 2014 without overall improvement (less than 5%). Past epidural steroid injection (ESI) were reported as not beneficial. The injured worker is followed for chronic neck, chronic back pain and headaches. The patient experiences chronic temporal and occipital headaches with visual disturbances. Neck pain radiates to bilateral upper extremities. Low back pain radiates to the bilateral lower extremities more on the left lateral aspect of the left leg. The injured worker walks with the use of a walker. Magnetic resonance imaging (MRI) of the lumbar spine on 9/25/12 was reported to show posterior decompression and lumbar interbody fusion at L4-5 and L5-S1 with postsurgical changes with a fluid collection consistent with pseudomeningocele or seroma, with L4-L5 interbody fusion device protruding into the left central anterior epidural space, degenerative changes at the L3-4 disc, and no evidence of disc protrusion or spinal stenosis. Another lumbar MRI was performed on 10/16/13 and was reported to show post-surgical changes with hardware. According to the December 22, 2014 medical review, bilateral paraspinous spasm was noted. The lumbar spine examination demonstrated moderate to severe limited range of motion with

significant increased pain with flexion and extension. Motor examination showed decreased strength in the bilateral lower extremities. The injured worker ambulates slowly with a walker. Current medications include MS Contin, Protonix, and Norco. Gabapentin and ibuprofen had been discontinued due to limited response. Work status was temporarily totally disabled. The current walker was noted to be worn out. The treating physician requested authorization for orthopedic spine surgeon evaluation of the lumbar spine for consideration of possible hardware removal; new casual shoes-purchase; 1-point cane-purchase; walker-purchase. On December 30, 2014, the Utilization Review denied certification for Orthopedic Spine Surgeon Evaluation for possible hardware removal; new casual shoes-purchase; 1-point cane-purchase; and walker-purchase. Utilization review cited the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) Back Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Point Cane-Purchase: 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), Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and pelvis chapter: walking aids.

Decision rationale: The injured worker has a diagnosis of failed back syndrome status post lumbar decompression and interbody fusion surgery for lumbar radiculopathy, with degenerative changes seen on imaging studies. Per the ODG, walking aids (canes, crutches, braces, orthoses, and walkers) are recommended as indicated; the ODG notes that assistive devices for ambulation can reduce pain associated with osteoarthritis and that frames or wheeled walkers are preferable for patients with bilateral disease. It was noted that the injured worker used a walker to ambulate. The documentation from multiple physicians consistently notes the need for use of a walker for ambulation. There was no documentation indicating that the use of a cane would be sufficient as a walking aid. As the injured worker already uses a walker and the request for replacement of a walker has been found medically necessary, the use of a cane would be duplicative and not indicated. The request for one point cane for purchase is not medically necessary.

Walker-Purchase: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and pelvis chapter: walking aids.

Decision rationale: The injured worker has a diagnosis of failed back syndrome status post lumbar decompression and interbody fusion surgery for lumbar radiculopathy, with degenerative changes seen on imaging studies. Per the ODG, walking aids (canes, crutches, braces, orthoses, and walkers) are recommended as indicated; the ODG notes that assistive devices for ambulation can reduce pain associated with osteoarthritis and that frames or wheeled walkers are preferable for patients with bilateral disease. The documentation from multiple physicians consistently notes the need for use of a walker for ambulation. It was noted that the injured worker used a walker to ambulate but that the worker had worn out. The request for walker for purchase is medically necessary.

Ortho Spine Surgeon Eval: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): p. 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: hardware implant removal (fixation).

Decision rationale: The injured worker underwent a posterior decompression and lumbar interbody fusion L4-L5 and L5-S1 in 2008 and has a diagnosis of failed back syndrome. The treating physician requested authorization for orthopedic spine surgeon evaluation of the lumbar spine for consideration of possible hardware removal. The MTUS recommends referral for surgical consultation in patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy) preferably with accompanying objective signs of neural compromise. The MTUS does not address removal of hardware. Per the ODG, removal of hardware implanted for fixation is not recommended, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection or nonunion. The treating physician has not documented the specific findings or indication for consideration of removal of hardware related to the injured worker's prior spinal fusion procedure. There was no documentation of worsening signs or symptoms, evidence of broken hardware, or suspicion of infection. The MRI of the lumbar spine in 2012 was noted to show the fusion device was protruding into the left central anterior epidural space, but this finding was not addressed by the treating physician with no discussion of this finding in the documentation submitted, including no documentation of signs or symptoms related to this finding. Recent imaging has not been performed as the most recent MRI noted in the records was done in 2013. The request for orthopedic spine surgeon evaluation is not medically necessary.

New Casual Shoes-Purchase: 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), Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee/leg chapter, ankle and foot chapter: shoes.

Decision rationale: The ACOEM notes options for specific footwear for control of ankle and foot complaints. The ODG recommends special footwear as an option for knee osteoarthritis. The injured worker has a diagnosis of failed back syndrome status post lumbar decompression and interbody fusion surgery for lumbar radiculopathy, with degenerative changes seen on imaging studies of the lumbar spine. There is no documentation of knee osteoarthritis or disorders of the foot and ankle. The treating physician has not provided specific indication for the requested new casual shoes for purchase. The request for new casual shoes for purchase is not medically necessary.