

Case Number:	CM15-0007367		
Date Assigned:	01/29/2015	Date of Injury:	08/07/2013
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/13/2015

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: 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 52 year old male who sustained an industrial injury on 8/7/13. The injured worker reported symptoms in the back. The diagnoses included lumbar sprain and displacement of lumbar intervertebral disc without myelopathy. Treatments to date have included activity restriction, heat, physiotherapy, and chiropractic treatments. PR2 dated 12/4/14 noted the injured worker presents with "constant pain in his lower back which he describes as throbbing pain...numbness in the lower extremities." The treating physician is requesting a cane adjust/fix with tip and soft lumbar back brace. On 12/30/14, Utilization Review non-certified a request for a cane adjust/fix with tip and soft lumbar back brace. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane adjust/fix with tip: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee/leg chapter, walking aids

Decision rationale: This patient presents with low back pain with numbness in the lower extremities. The treater is requesting CANE ADJUST/FIXED WITH TIP. The RFA dated 12/04/2014 shows a request for cane adjust/fixd with tip. The patient's date of injury is from 08/07/2013 and his current work status is TTD. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under the knee/leg chapter on walking aids states that almost half of patients with knee pain possess a walking aid. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. The records do not show any previous request for a cane. The 12/04/2014 report shows that the patient's leg are starting to give out on him. His gait is slow and 'shuffling.' In this case, given the patient's slow and unsteady gait with the reports of his legs giving out, the request for a cane is warranted. The request IS medically necessary.

Soft lumbar back brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation low back chapter, lumbar support

Decision rationale: This patient presents with low back pain with numbness in the lower extremities. The treater is requesting SOFT LUMBAR BACK BRACE. The RFA dated 12/04/2014 shows a request for DME supply or accessory, NOS back brace. The patient's date of injury is from 08/07/2013 and his current work status is TTD. The ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under the low back chapter on lumbar support states, "not recommended for prevention: however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low quality evidence, but may be a conservative option." The 12/04/2014 report notes that the patient complains of constant pain in his lower back at a rate of 6/10. He also complains of numbness down his lower extremities. Palpation reveals moderate paraspinal muscle guarding and spasms bilaterally. The documents do show that the patient has an antalgic gait favoring the right with reports of his legs starting to give out on him. The request for a lumbar back brace is supported by the ODG Guidelines. The request IS medically necessary.