

Case Number:	CM15-0133274		
Date Assigned:	07/21/2015	Date of Injury:	04/22/2014
Decision Date:	08/17/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/09/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 40 year old female, who sustained an industrial injury on 4/22/14. She reported low back pain. The injured worker was diagnosed as having L5-S1 right sided herniated nucleus pulposus with annular tear, stenosis, and right neuroforaminal narrowing, right facet hypertrophy with compression of right S1 nerve root, right lower extremity S1 radiculopathy. Treatment to date has included physical therapy, TENS, and medication. On 5/18/15 pain was noted to increase with prolonged, standing, walking, and sitting. Currently, the injured worker complains of low back pain with radiation to the mid back and right lower extremity. The treating physician requested authorization for a front wheeled walker and an off the shelf lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front-wheeled walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Walking aids.

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

Decision rationale: The MTUS does not address the use of walkers, and therefore the ODG provide the preferred mechanism of assessing medical necessity in this case. The ODG low back chapter does not reference the use of walking aids, however, the knee and lower extremity chapter encourages consideration of such modalities in knee arthritis. In this case, however, in the case of this patient's painful lower back, it is unclear as to why a walker is being requested. If there is concern for safety/balance issues, this should be addressed in the clinical record and my in fact warrant consideration of a walking aid or other modality. At this time, the request is not medically necessary without further reasoning as to why other modalities (cane, etc) have not been attempted or have been unsuccessful.

Off the shelf lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Knee and leg, walking aids.

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, lumbar support.

Decision rationale: The MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG recommend lumbar bracing 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). In this case, there is not good evidence in the provided documents to support use of a back brace given the very low likelihood of clinical improvement based on the guidelines, and therefore the request is not medically necessary at this time.