

Case Number:	CM15-0146784		
Date Assigned:	08/07/2015	Date of Injury:	10/01/2013
Decision Date:	09/04/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/28/2015

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: Illinois, California, Texas
 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:

This injured worker is a 22-year-old man who sustained an industrial injury on 10/01/13. Injury occurred while he was moving a large 30 to 45-pound fryer. He felt a pop in his back and later developed bilateral leg pain. Conservative treatment included activity modification, off work, physical therapy, epidural steroid injection, and medications without sustained improvement. The 1/30/15 lumbar spine MRI impression documented congenital stenosis and large disc extrusions at L3/4 and L4/5, causing marked L3/4 and moderate L4/5 canal stenosis. The 6/25/15 spine surgeon report cited low back pain radiating into both legs with buttock, posterolateral thigh and calf involvement. He had right leg weakness and numbness of the medial aspect of the right ankle and knee. He was hesitant with stairs and sudden movements. He is 6'1.5" tall and weighed 290 pounds. Physical exam documented positive sciatic nerve stretch test, 1+ and symmetrical lower extremity deep tendon reflexes, slightly decreased right L3 and L4 dermatomal sensation, and ability to toe/heel walk. He was able to rise from a squatting position. He was diagnosed with L3/4 and L4/5 central disc herniation with severe central canal stenosis, neurogenic claudication, and L3 and L4 radiculitis. The injured worker had exhausted conservative treatment. The treatment plan recommended inpatient lumbar posterior laminectomy/discectomy on the right at the L3/4 and L4/5 levels. Authorization was requested for post-operative durable medical equipment including a walker with front wheels, raised toilet seat, and a grabber. The 7/6/15 utilization review certified the request for inpatient lumbar posterior laminectomy/discectomy on the right at the L3/4 and L4/5 levels. The request for a walker, raised toilet seat, and grabber were non-certified as there was no rationale

why this young man would need this durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Related surgical services; DME purchase walker with front wheels: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS and Official Disability Guidelines (ODG) do not address the use of walkers in low back complaints. The MTUS guidelines recommend limited restriction of activity to avoid deconditioning. The ODG states that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. Guideline criteria have been met. This injured worker had complaints of right lower extremity weakness and was hesitant pre-operatively in sudden movements or stairs. The use of a front wheel walker seems reasonable to allow for early post-operative mobility with reduced pain. Therefore, this request for walker with front wheels is medically necessary.

Related surgical services; DME raised toilet seat: 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 (ODG) Knee and Leg, Durable medical equipment (DME).

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain devices such as raised toilet seats may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. There is no compelling rationale presented to support the medical necessity of a raised toilet seat following lumbar decompression surgery. There is no clinical evidence suggestive that the injured worker would be unable to use a standard toilet. Therefore, this request is not medically necessary.

Related surgical services; DME Grabber: Overturned

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 (ODG) Knee and Leg, Durable medical equipment (DME).

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain devices may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. There is compelling rationale presented to support the medical necessity of a grabber device following lumbar decompression surgery. There is evidence suggestive that the injured worker would be unable to reasonably perform a squat or significantly bend initially post operatively. Therefore, this request is medically necessary.