

Case Number:	CM15-0069108		
Date Assigned:	04/16/2015	Date of Injury:	02/08/2010
Decision Date:	07/09/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/10/2015

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: Arizona, Texas

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 injured worker (IW) is a 33 year old male who sustained an industrial injury on 02/08/2010. He reported pain in the low back. The injured worker was diagnosed as having lumbar instability at L4-5. Treatment to date has included diagnostic x-rays and MRI of the lumbar spine, treatment with acupuncture, physical therapy, exercise, and medications. Currently, the injured worker complains of pain in the low back radiating to both legs with numbness and tingling of the legs and toes. A Lumbar laminectomy and fusion has been approved, and a request for authorization to purchase the following durable medical equipment items is made: a commode, a front wheel walker, a LSO brace, a pain pump, and a shower chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of LSO brace: 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 brace post op.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back brace, Post-op.

Decision rationale: According to the ODG there is a lack of evidence supporting the use of post-op back braces. A standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case by case recommendations are necessary. There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Mobilization after instrumentation fusion is logically better for health of adjacent segments, and routine use of back braces is harmful to this principle. The use of post-op back brace for spinal fusion is not medically necessary.

Purchase of Front wheel walker: 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), Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG treatment Index, 11th Edition, 2014, Knee & Leg, Crutches, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: According to the ODG, walking aids are recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. In this case, the patient is having fusion of the lumbar spine at L4-L5, this can be considered bilateral disease. It is medically reasonable that the patient would require a front wheel walker post-operatively to assist with ambulation. Therefore, the requested medical treatment is not medically necessary.

Purchase of Pain pump: 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), Pain pump post-op.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain pump.

Decision rationale: According to the ODG the use of a post-operative pain pump is under study but a possible option. The patient is planned for L4-L5 anterior lumbar decompression and fusion. The documentation does not support that the patient has any resistance to oral pain medications. There is no indication that oral analgesic medication will not be sufficient to control post-op pain. The use of a pain pump post-operatively is not medically necessary.

Purchase of Commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare non-covered items - http://www.medicaremd.com/coverage_noncovered_equipment.asp.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medicareuse.com. Commode.

Decision rationale: The MTUS, ACOEM, and ODG are silent regarding the use of a bedside commode and shower chair. According to a summary of Medicare coverage, the use of a bedside commode is supported if the patient is incapable of utilizing a toilet facility. In this case, the patient is having back surgery. Although mobility will be difficult initially, there is no documentation to support prolonged immobilization. The use of a bedside commode is not medically necessary.

Purchase of Shower chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare non-covered items - http://www.medicaremd.com/coverage_noncovered_equipment.asp.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medicareuse.com.

Decision rationale: The MTUS, ACOEM, and ODG are silent regarding the use of a bedside commode and shower chair. According to a summary of Medicare coverage, the use of a shower chair is for comfort and convenience and not primarily medical in nature. In this case, the patient is having back surgery. Although mobility will be difficult initially, there is no documentation to support prolonged immobilization. The use of a shower chair is not medically necessary.