

<b>Case Number:</b>	CM15-0089193		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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, Hawaii  
 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 39 year old male who sustained an industrial injury on February 8, 2013. He has reported low back pain radiating into the right lower extremity and has been diagnosed with lumbar radiculopathy, herniation of a lumbar disc, and lumbar discogenic pain. Treatment has included a home exercise program, medical imaging, medications, injection, physical therapy, and pain management. Physical examination of the lumbar spine showed decrease range of motion in flexion and extension with spasm and tenderness to palpation in the right lower lumbar paraspinal muscles. He had positive sciatic notch tenderness on the right. He had a positive straight leg raise on the right. Sensation was decreased in the right L5 dermatome otherwise intact. Motor was 5/5 throughout. Deep tendon reflexes were hyperreflexia in the right low extremity. MRI of the spine revealed L4-L5 disc herniation. The treatment request included a DVT unit, front wheel walker, 3 in 1 commode, and a back brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DVT unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter Venous Thrombosis.

**Decision rationale:** The patient has persistent LBP traveling down his right leg. He also has complaints of numbness and weakness in the right leg. He has further complaints of bladder and bowel incontinence. The current request is for DVT unit following a lumbar epidural steroid injection. The ODG guidelines do recommend DVT units following orthopedic surgery and hospitalization. However, although the MRI did demonstrate a 5-6 mm central disc protrusion at L4-5, there was no evidence of significant spinal stenosis. Additionally, the EMG/NCV study was negative for radiculopathy. This evidence would suggest that the requested ESI would not be recommended. If the ESI is not recommended then any post-operative requests such as a DVT unit would also not be indicated. As such, the current request is not medically necessary.

**Front wheel walker:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter Front wheel walker.

**Decision rationale:** The patient has persistent LBP traveling down his right leg. He also has complaints of numbness and weakness in the right leg. He has further complaints of bladder and bowel incontinence. The current request is for a Front Wheel Walker. The ODG does recommend durable medical equipment, such as a front wheel walker. However, although the MRI did demonstrate a 5-6 mm central disc protrusion at L4-5, there was no evidence of significant spinal stenosis. Additionally, the EMG/NCV study was negative for radiculopathy. There is no information provided to indicate that the patient requires assistance with ambulation. Therefore, the current request is not medically necessary.

**3 in 1 commode:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, DME.

**Decision rationale:** The patient has persistent LBP traveling down his right leg. He also has complaints of numbness and weakness in the right leg. He has further complaints of bladder and bowel incontinence. The current request is for a 3 in 1 commode. The ODG does recommend durable medical equipment, such as a 3 in 1 commode. There is no information to indicate that the patient requires assistance with ambulation or is bed or room confined. Without any details as to why this patient requires assistance, there is no way to tell if the request is consistent with the ODG guidelines. Furthermore, although the MRI did demonstrate

a 5-6 mm central disc protrusion at L4-5, there was no evidence of significant spinal stenosis. Additionally, the EMG/NCV study was negative for radiculopathy. This evidence would suggest that the requested ESI would not be recommended. If the ESI is not recommended then any post-operative requests such as a 3 in 1 commode would also not be indicated. As such, the current request is not medically necessary.

**LSO back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Brace.

**Decision rationale:** The patient has persistent LBP traveling down his right leg. He also has complaints of numbness and weakness in the right leg. He has further complaints of bladder and bowel incontinence. The current request is for a LSO Brace. The ACOEM Guidelines state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. Corsets for treatment: Not Recommended. In occupational setting, corset for prevention: Optional." The treating physician has the patient totally temporarily disabled (TTD) for 60 days. The ODG guidelines state, "Treatment: Recommended 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)." Neither ACOEM nor ODG support use of lumbar supports for chronic low back pain. For non-specific back pain, ODG states that there is a very low grade evidence. Furthermore, although the MRI did demonstrate a 5-6 mm central disc protrusion at L4-5, there was no evidence of any conditions that support lumbar bracing. As such, the current request is not medically necessary.