

Case Number:	CM14-0133408		
Date Assigned:	08/22/2014	Date of Injury:	12/27/2001
Decision Date:	10/23/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 an 86-year-old female who reported an injury on 12/27/2009 caused by an unspecified mechanism. The injured worker's treatment history included magnetic resonance imaging (MRI) studies, epidural steroid injections, pain medications, and surgery. The injured worker was evaluated on 07/08/2014. It was documented the injured worker complained of continued pain and discomfort in the low back to the hips and legs, decreased ability to ambulate distances of no more than half a block. Objective findings; was positive straight leg raise test bilaterally at 80 degrees, slight limits horizontal torsion and lateral bend. The MRI conformed multilevel moderate spinal stenosis with disc bulging, as well as cement in the right lateral recess at the level of the vertebroplasty. The diagnoses included stenosis (spinal) and degenerative disc disease, lumbosacral. The request for authorization dated 07/08/2014 was for back brace and front wheeled walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for lumbar brace is not medically necessary. California MTUS/ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The guidelines do not recommend this option as beneficial beyond the acute phase of symptom relief. There is no rationale provided to warrant the request for a lumbar back brace. As such, the request for back brace is not medically necessary.

Front Wheeled 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 Official Disability Guidelines (ODG) Knee & Leg, Durable Medical Equipment.

Decision rationale: The request is not medical necessary. According to the Official Disability Guidelines (ODG) states that durable medical equipment (DME) for the home are for medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature. Certain DME toilet items (commodes, bed pans, etc.) are medically necessary if the patient is bed or room confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items. Per the documentation submitted, there is no evidence of spinal instability upon physical examination. As such, the request for front wheeled walker is not medically necessary.