

Case Number:	CM14-0135872		
Date Assigned:	09/03/2014	Date of Injury:	08/22/1997
Decision Date:	09/26/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 51-year-old female with an 8/22/97 date of injury. At the time (4/1/14) of request for authorization for Single Point Cane and Lumbar Brace, Corset Style, there is documentation of subjective (low back pain with spasms, pain in the feet, swelling in the legs, and history of recent falls) and objective (patient in wheelchair, difficulty ambulating or transferring from sitting without assistance of wheelchair, decreased lumbar range of motion, decreased strength of the lower extremities, and tenderness to palpation over the spinous processes cervical to lumbar region) findings, current diagnoses (lumbar intervertebral disc disorder without myelopathy and lumbago), and treatment to date (medications and lumbar surgery). In addition, medical report identifies a history of multiple falls. In addition, medical report identifies that with medication, the patient is able to complete simple activities of daily living and stand 5-10 minutes with support and home exercise program. Regarding Single Point Cane, there is no documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home. Regarding Lumbar Brace, Corset Style, there is no documentation of compression fractures, spondylolisthesis, or documented instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single Point Cane: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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, Walking aids (canes, crutches, braces, orthoses, & walkers) Medicare National Coverage Determinations Manual.

Decision rationale: MTUS does not address this issue. ODG identifies documentation of disability, pain, and age-related impairments, as criteria necessary to support the medical necessity of a walking aid. Medical Treatment Guidelines identifies documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home, as criteria necessary to support the medical necessity of a cane. Within the medical information available for review, there is documentation of diagnoses of lumbar intervertebral disc disorder without myelopathy and lumbago. In addition, there is documentation that the patient is in a wheelchair. However, despite documentation of subjective (history of recent falls) and objective (patient in wheelchair and difficulty ambulating or transferring from sitting without assistance of wheelchair) findings, and given documentation that with medication, the patient is able to complete simple activities of daily living and stand 5-10 minutes with support and home exercise program, there is no (clear) documentation of a personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living in customary locations within the home. Therefore, based on guidelines and a review of the evidence, the request for Single Point Cane is not medically necessary.

Lumbar Brace, Corset Style: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support.

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. Within the medical information available for review, there is documentation of diagnoses of lumbar intervertebral disc disorder without myelopathy and lumbago. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for Lumbar Brace, Corset Style is not medically necessary.