

<b>Case Number:</b>	CM14-0172564		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/08/2008
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2014

### 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 Orthopedic Spine Surgeon 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:

The injured worker is a 52-year-old male who reported an injury on 10/08/2008. The mechanism of injury, surgical history and medications were not provided. The documentation of 07/24/2014 revealed the injured worker had decreased range of motion. The injured worker was noted to be scheduled for a posterior lumbar interbody fusion on 07/30/2014. At L4-5 and L5-S1, there was hypoesthesia at the anterior lateral aspect of the foot and ankle with an incomplete nature at L4-5 and L5-S1. There was weakness in the big toe dorsiflexor and big toe plantarflexor bilaterally. The diagnosis included lumbar disc herniation with radiculitis/radiculopathy status post discography study with marked reproduction of pain at L4-5 and L5-S1, dated per the physician 03/22/2013. The documentation indicated the injured worker would need an LSO brace, a front wheel walker, and a 3 in 1 commode. There was a detailed Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: LSO back support: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back brace, post-operative (fusion)

**Decision rationale:** The Official Disability Guidelines indicate that postoperative back braces are under study. Additionally, they indicate that there may be special circumstances including non-instrumented fusion in which some external immobilization might be desirable. There was a lack of documented rationale for the requested intervention. Additionally, there was a lack of documentation indicating the surgical intervention had been found to be medically necessary. As such, the request would not be supported. Given the above, the request for associated surgical service LSO back support is not medically necessary.

**Associated surgical service: 3-1 Commode:** 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)

**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 Chapter, Durable Medical Equipment (DME)

**Decision rationale:** The Official Disability Guidelines indicate that certain durable medical equipment toilet items are medically necessary if the injured worker is bed or room confined. Additionally, they indicate that certain DME toilet items such as commodes may be medically necessary when prescribed as part of a medical treatment for injury, illness, or conditions that result in physical limitations. The clinical documentation submitted for review failed to provide a documented rationale for the necessity for a 3 in 1 commode. Additionally, there was a lack of documentation indicating the surgical intervention had been found to be medically necessary. As such, the request for associated surgical service 3 in 1 commode is not medically necessary.

**Associated surgical service: Front wheel walker:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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 Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers)

**Decision rationale:** The Official Disability Guidelines indicate that a walking aid is appropriate dependent upon disability, pain, and age related impairments. The clinical documentation submitted for review indicated the injured worker was scheduled for surgical intervention. However, there was a lack of documentation indicating the injured worker had been approved for surgical intervention. Given the above, the request for associated surgical service front wheel walker is not medically necessary.