

<b>Case Number:</b>	CM14-0177303		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	08/19/2004
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a female injured worker with the date of injury of August 19, 2004. A Utilization Review dated October 21, 2014 recommended non-certification of a walker, bone stimulator, 3-in-1 commode, and brace. A Progress Report dated September 18, 2014 identifies Chief Complaints of neck pain and severe low back pain. Physical Examination identifies tenderness to palpation is positive over the right cervicotracheal ridge. Right C5-7 radiculopathy is noted. Exam of lumbar spine reveals spasm. Painful and limited range of motion. Positive Lasegue. Tenderness to palpation across lumbar spine. L3 on the right and left L5 radiculopathy. Diagnoses identify cervical discogenic disease with radiculopathy, status post cervical fusion C4-7, lumbar discogenic disease with radiculopathy, chronic low back pain intractable, and headaches improved. Recommendations identify the injured worker continues to need lumbar fusion L4-S1 ASF/PSF, provide the injured worker with a post-operative brace; front wheeled walker and 3 in 1 commode.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Service: 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, Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip Chapter, Walking Aids Canes, Crutches, Braces, Orthoses, & Walkers

**Decision rationale:** Regarding the request for a walker, Official Disability Guidelines state that "assistive devices are recommended to assist with ambulation for patients with arthritis." Within the documentation available for review, the requested walker is noted to be for postoperative use. However, there is no indication that the requested lumbar fusion has been authorized. As such, the currently requested walker is not medically necessary.

**Associated Surgical Service: Bone Stimulator: Upheld**

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

**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, Bone Growth Stimulators BGS

**Decision rationale:** Regarding the request for a bone stimulator, California MTUS does not address the issue. ODG cites that bone growth stimulation is supported in the presence of at least 1 risk factor for failed fusion: One or more previous failed spinal fusion(s); Grade III or worse spondylolisthesis; Fusion to be performed at more than one level; Current smoking habit; Diabetes, Renal disease, Alcoholism; or Significant osteoporosis which has been demonstrated on radiographs. Within the documentation available for review, there is no documentation that surgery has been authorized or that any of these risk factors are present. In the absence of such documentation, the currently requested bone stimulator is not medically necessary.

**Associated Surgical Service: 3 in 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, Low Back Chapter.

**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 DME

**Decision rationale:** Regarding the request for a 3-in-1 commode, California MTUS does not address the issue. ODG states "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." Within the documentation available for review, there is a proposed surgery involving fusion. However, there is no indication that surgery has been authorized. In addition,

there is no documentation that the injured worker is bed-confined or room-confined. In the absence of such documentation, the currently requested 3-in-1 commode is not medically necessary.

**Associated Surgical Service: 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, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports.

**Decision rationale:** Regarding the request for a brace, ACOEM guidelines state that "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG states that "lumbar supports are not recommended for prevention." They go on to state the lumbar support are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain." ODG goes on to state that for "nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months." However, the evidence was very weak. Within the documentation available for review, it does not appear that this injured worker is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the injured worker has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested brace is not medically necessary.