

<b>Case Number:</b>	CM14-0089907		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/02/2006
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Interventional Spine 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 patient is a 48-year-old female with date of injury of 05/02/2006. The diagnosis includes status post anterior cervical discectomy and fusion at C5-C6, C6-C7, and C7-T1 performed on 09/10/2013; lumbar disk disease/desiccation with loss of disk space height, lumbar disk herniation with central and foraminal stenosis at L4-L5 and L5-S1 with radiculopathy and modic endplate changes at L5-S1. According to this report, the patient complains of constant moderate to severe low back pain with some residual neck pain. The pain radiates to the left and right leg with associated numbness, tingling, and weakness. She received some pain relief with rest and medications. Radicular arm symptoms significantly improved since surgery. The examination of the lumbar spine reveals loss of normal lordosis. Tenderness over the L4-S1 paraspinals with spasms appreciated. Range of motion is diminished in all planes. There is a positive straight leg raise on the left greater than the right leg producing back pain and sciatica. There was grade 5/5 strength in the upper extremities, diminished strength in the anterior tibialis and gastrocnemius. Sensation is intact to light touch in the upper extremities. Sensation is diminished to light touch over the L5 and S1 dermatomal distribution. Reflexes are diminished in the Achilles. The utilization review denied the request on 05/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG), Treatment Index, 11th Edition (web), 2013, Knee & Leg (Acute & Chronic) Walking aids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Walking aids (canes, crutches, braces, orthoses, & walkers) ODG Guidelines

**Decision rationale:** This patient presents with moderate to severe low back pain. The treater is requesting a walker. The MTUS and ACOEM Guidelines do not address this request; however, Official Disability Guidelines (ODG) on walking aids (canes, crutches, braces, orthoses, and walkers) states that almost half of patients with knee pain possess a walking aid. Assistive devices for ambulation can reduce pain associated with osteoarthritis. Frames or wheeled walkers are preferable for patients with bilateral disease. The records show a request for lumbar surgery on 04/18/2014. It appears that the treater is requesting this walker post-surgery. However, the UR denied the surgery on 05/13/2014. Given that the patient's surgery was denied, the use of a walker post-surgery is not medically necessary. As such, this request is medically necessary.

**External BGS (bone growth 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 (ODG), Treatment Index, 11th Edition (web), 2013,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bone Growth Stimulator for L-spine.

**Decision rationale:** This patient presents with moderate to severe low back pain. The treater is requesting an external BGS (bone growth stimulator). The MTUS and ACOEM Guidelines do not address this request; however, Official Disability Guidelines (ODG) on bone growth stimulator for the lumbar spine states that it is currently under study. Some limited evidence exists for improving the fusion rate of spinal fusion surgery in higher risk cases (revision pseudoarthrosis, instability, and smoker). There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk." The patient's lumbar surgery was denied on 05/13/2014, and a bone growth stimulator following surgery would not be indicated. Recommendation is for denial.

**Back 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 (ODG), Treatment Index, 11th Edition (web), 2013, Low back-Lumbar & Thoracic (Acute & Chronic) Back brace

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines for lumbar supports

**Decision rationale:** This patient presents with moderate to severe low back pain. The treater is requesting a back brace. The ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." Official Disability Guidelines (ODG) regarding lumbar supports states, "Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, "very low quality evidence, but may be a conservative option." It appears that the treater is requesting a back brace following the patient's requested lumbar surgery. Given the patient's denied lumbar surgery on 05/13/2014, the requested back brace is not medically necessary following surgery. As such, this request is not medically necessary.