

<b>Case Number:</b>	CM15-0018848		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/19/2004
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 58-year-old female who reported an injury on 08/19/2004. The mechanism of injury was a motor vehicle accident. The surgical history included a cervical fusion at C4-7. The diagnostic studies included an MRI of the lumbar spine on 09/03/2014, which revealed diffuse disc protrusion at L2-3, L3-4, and L4-5 with effacement of the thecal sac. Other therapies include medications and trigger point injections. The documentation of 12/18/2014 revealed the injured worker had severe low back pain. The injured worker indicated medications helped with pain approximately 50%. The examination of the lumbar spine revealed spasms and painful and limited range of motion. The injured worker had a positive Lasegue's and a straight leg raise to 40 degrees on the right and left. Walking was limited to one half block. There was tenderness to palpation across the lumbar spine and decreased range of motion. At L4-S1, there was radiculopathy bilaterally with decreased sensation. The diagnosis included cervical discogenic disease with radiculopathy, status post cervical fusion C4-7, lumbar discogenic disease with radiculopathy, chronic low back pain intractable and improved headaches. The treatment plan included medical transportation and a request for a lumbar fusion at L4-S1 with a cosurgeon, 3 days inpatient stay, postoperative brace, front wheeled walker, and 3 in 1 commode, as well as postoperative home health evaluations and a home health aide for postoperative evaluation, medication management, and a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Front wheeled walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment (DME).

**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 disability, pain and age related impairment seem to determine the need for a walking aid. The clinical documentation submitted for review indicated the injured worker had been recommended for surgery. This request would be appropriate. This review presumes that surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Given the above, the request for front wheeled walker is medically necessary.

**3 in1 Commode:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment (DME).

**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.

**Decision rationale:** The Official Disability Guidelines indicate that commodes are medically necessary if the patient is bed or room confined. Additionally, they may be appropriate when prescribed as part of medical treatment for injury, infection, or conditions that result in physical limitations. The injured worker was noted to have a request made for surgical intervention. This would present a physical limitation. This review presumes that a surgery is planned and will proceed. There is no medical necessity if the requested surgery does not occur. Given the above, the request for 3 in 1 commode is medically necessary.

**Bone stimulator:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition (web), 2014, Low Back, Bone growth stimulators (BGS).

**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 Stimulator.

**Decision rationale:** The Official Disability Guidelines indicate that bone growth stimulators are appropriate for patients who have a fusion to be performed at more than 1 level. The documentation indicated the injured worker was in need of a lumbar fusion at L4-S1 ASF/PSF. The bone growth stimulator would be appropriate. This review presumes that a surgery is planned and will occur, and there is no medical necessity for the request if surgery does not occur. Given the above, the request for bone stimulator is medically necessary

**Post-operative 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), 11th Edition (web), 2014 Knee and Leg, Back brace, post-operative (fusion).

**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 there is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. The clinical documentation submitted for review failed to provide the rationale for the requested back brace. Given the above and the lack of documentation of exceptional factors, the request for postoperative back brace is not medically necessary.