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| Case Number: | CM15-0129690 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 01/21/2014 |
| Decision Date: | 08/12/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 38 year old male, who sustained an industrial injury on 01/21/2014, secondary to trying to catch a milk cart that was falling over. On provider visit dated 06/08/2015 the injured worker chief complaint was noted as lumbar strain, L5-S1 grade I-II spondylolisthesis and bilateral L4-L5 and L5-S1 facet nerve block. On examination of the thoracic spine, there was mild pain on palpation of paraspinal musculature and spinous process. In addition, lumbar area was noted to have pain with extension. The diagnoses have included lumbar strain and L5- S1 spondylolisthesis grade I-II. Treatment to date has included physical therapy, laboratory studies and medication. The provider requested front wheel walker and lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front Wheel Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) walker.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on walkers, they are medically indicated in patient with knee pain associated with osteoarthritis. Per the progress reports, the patient has low back pain. The ODG suggest the use of walkers when there is deficits of the lower extremities that require assistance in ambulation, which this patient does not have as evidence by the provided documentation. Therefore, the request is not medically necessary.

Lumbar 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) Online Version, Lumbar Support, Knee & Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM chapter on low back complaints and treatment recommendations states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has chronic ongoing low back complaints and is status post-lumbar laminectomy. Per the ACOEM, lumbar supports have no lasting benefit outside of the acute phase of injury. This patient is well past the acute phase of injury and there is no documentation of acute flare up of chronic low back pain. Therefore, criteria for use of lumbar support per the ACOEM have not been met and the request is not medically necessary.