

Case Number:	CM15-0173449		
Date Assigned:	09/15/2015	Date of Injury:	08/26/1998
Decision Date:	10/16/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/02/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 63-year-old male who sustained an industrial injury on 8/26/98. Injury occurred when he was retrieving baskets from an overhead storage area with onset of neck, shoulder and arm pain. He underwent L3-S1 laminectomy, foraminotomy and microdiscectomy on 5/13/13, and anterior cervical discectomy and fusion at C4-6 on 8/17/14. The 6/10/14 lumbar spine MRI impression documented post-surgical changes of prior posterior hemi-laminectomy at L3/4 through L5/S1 with mild lumbar spine levoscoliosis and mild multilevel disc degeneration at L2/3 through L5/S1. There was mild to moderate L5/S1 facet joint arthropathy with 2 mm posterior disc protrusion. There was moderate to severe left L5/S1 foraminal stenosis with anatomic potential for impingement on the exiting left L5 nerve. There was mild L5/S1 lateral recess stenosis and ill-defined Modic type 1 curvilinear trabecular stress response/hyperemia at the left lateral inferior L5 vertebral endplate. At L4/5, there was a posterior disc protrusion contributing to moderate bilateral recess stenosis with facet arthropathy. There was potential for impingement on the traversing L5 nerves bilaterally. At L3/4, there was broad-based posterior disc protrusion with left posterolateral disc protrusion component with mild to moderate left lateral recess stenosis. There was annular fissure formation at the posterior L3/4 disc margin and left posterolateral L4/5 disc margin. There was also suggestion of a curvilinear annular fissure at the left posterolateral L5/S1 disc margin. The 10/17/14 utilization review decision certified the request for lumbar fusion and decompression from L3 to S1 with a 3-day inpatient stay based on findings of spinal stenosis with neurogenic claudication and anticipated wide decompression necessitating fusion. Records indicated that surgery had been delayed as the injured worker

underwent left eye detached retina surgery that required 3 months of recovery time prior to proceeding with the lumbar surgery. Authorization was requested on 8/11/15 for extension of prior authorization for posterior lumbar fusion and decompression at L3-S1 and additional surgical requests, including a post-operative walker. The 8/19/15 utilization review non-certified the request for a post-operative walker as the associated surgery request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Walker: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The California MTUS and Official Disability Guidelines (ODG) do not address the use of walkers in low back complaints. The MTUS guidelines recommend limited restriction of activity to avoid deconditioning. The ODG states that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of a front wheel walker is reasonable to allow for early post-operative mobility with reduced pain following multilevel lumbar fusion. Therefore, this request for is medically necessary.