

<b>Case Number:</b>	CM13-0027232		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is an injured male worker age 49. The date of injury is 4/5/2012. The patient sustained an injury to cervical spine, lumbar spine, right knee and right shoulder. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient carries a diagnosis of lumbar sprain/strain without radiculopathy. The patient currently complains of pain in neck, low back and bilateral legs, worse with ambulation. A request for a front wheel walker with seat and a lumbar corset was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Front Wheel Walker with seat:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chronic, durable medical equipment

**Decision rationale:** According to the Official Disability Guidelines, the use of durable medical equipment requires documentation of the rationale for the use of the requested equipment. In this

case, the request is for a front wheel walker with seat. There is no supporting documentation indicating why the patient is unable to walk and would require such a device. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Lumbar Corset:** 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), Pain (Chronic), Durable Medical Equipment

**Decision rationale:** According to the Official Disability Guidelines, the use of durable medical equipment requires documentation of the rationale for the use of the requested equipment. In this case, the request is for a lumbar corset. There is no supporting documentation indicating why the patient requires the use of a lumbar corset and how such a device would benefit the patient. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.