

Case Number:	CM13-0043810		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2009
Decision Date:	06/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 39-year-old male who reported an injury on 12/07/2009 due to a twisting injury. The injured worker complained of constant lower back pain that varies in intensity throughout the day. He described the pain as a sharp pain in his lower back that radiates down to his left leg and foot followed by numbness and tingling in the left extremity. On physical examination the injured worker walked with a mildly antalgic gait pattern. The injured worker has mild weakness of the right iliopsoas muscle and the right quadriceps muscle at grade 4/5. He presented with decreased sensory over the L5 and S1 dermatome distribution. The straight leg raise was positive on the left at 40 degrees, and negative on the right at 90 degrees. An MRI of the lumbar spine on 07/16/2013 revealed that there were interval post-operative changes from L4 through S1 which results in metal artifact limiting optimal evaluation of portions of the spinal canal and neural foramina. At L3-4 there was mild interval increase in size of a small 2mm diffuse posterior disc osteophyte complex and redemonstrated mild bilateral facet arthropathy and ligamentum flavum redundancy. The injured worker has undergone two spinal fusion surgeries on 02/06/2013 and 10/30/2013. The injured worker has been taking omeprazole 20mg, since 02/2013. He has been taking prozac 20mg, tizanidine 4mg, baclofen 10mg, and acetaminophen/oxycodone since 11/2013. The current treatment plan is for a seated walker. The rationale for the seated walker request was due to the difficulty with ambulation with a front wheel walker. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SEATED 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), Knee & Leg, 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), Knee & Leg, Walking Aids

Decision rationale: The injured worker reported an injury on 12/07/2009. The injured worker has undergone two spinal fusion surgeries on 02/06/2013 and 10/30/ 2013. The Official Disability Guidelines state that walking aids (canes, crutches, braces, orthoses, & walkers) are indicated in almost half of patients with knee pain. Frames or wheeled walkers are preferable for patients with bilateral disease. The findings on the MRI taken 07/16/2013 indicate that the injured worker has bilateral facet arthropathy. The guidelines recommend framed or wheeled walkers for injured workers with bilateral disease. There was a lack of any significant functional deficits on physical examination status post most recent lumbar fusion to support the need for a seated walker. Given the above, the request for a seated walker is not medically necessary.