

<b>Case Number:</b>	CM13-0047275		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/16/2005
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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:

This patient is a 56-year-old male with date of injury from 12/16/2005. Listed diagnoses per hand written report dated 10/10/2013 by [REDACTED] are cervical radiculopathy, status post lumbar laminectomy syndrome. This report also indicates that the patient is thinking about spinal cord stimulation, has difficulty walking long distances, pain is at 4/10 to 9/10, and 4/10 with medications and 9/10 without medications. The patient was discussed in regards to spinal cord stimulation and continued medicine. "Scooter for long distances and walking." Report 09/10/2013 has the patient's pain level ranging from 4/10 to 10/10, difficult to control pain, sleep interrupted 4 to 6 times. Diagnoses are cervical and lumbar radiculopathy. The request for power scooter was denied by utilization review letter 10/23/2013. The rationale was that the MTUS Guidelines do not recommend power mobility device if the functional mobility deficit can be sufficiently resolved by the prescription of cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair. Given the lack of documentation of upper extremity motor weakness or deficits, the request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Purchase of a Power Scooter:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with chronic neck and low back symptoms with radiation. [REDACTED] handwritten report is not very helpful in describing this patient's functional limitations and examination findings. His listed diagnoses are lumbar and cervical radiculopathies. A report by [REDACTED] on 06/25/2013 is typed. He indicates that the patient is a long-term pain patient with lumbar fusion hardware, having difficulty with pain, currently on 6 to 8 methadone 10-mg tablets a day. The patient's bowel and bladder and CNS function is good. Sleep is poor waking up in pain despite methadone and definitely looking for something more that can help with his pain. If these medications do not help, spinal cord stimulator trial may be appropriate. Unfortunately, none of the reports reviewed from 12/16/2012 to 12/17/2013 described the patient's difficulties with long distance ambulation, functional level at home, etc. None of the reports described real neurologic deficits that would compromise the strength of the upper extremities and lower extremities other than the weakness the patient has from chronic pain. While MTUS and ACOEM Guidelines do not discuss power mobility devices, ODG Guidelines states "not recommended, the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with the manual wheelchair. Early exercise mobilization and independence should be encouraged at all steps of the injury recovery process, and if there any mobility with canes or other assisted devices, a motorized scooter is not essential to care." In this patient, there is no documentation of the weakness of the upper extremity other than the pain. There is no documentation of any neurologic losses of the lower extremities other than weakness from pain. Weaknesses from pain can be overcome through exercises and strengthening. None of the reports describe patient's inability to propel a manual wheelchair, lack of assistance from family, and whether or not the patient is participating in exercises to strengthen upper and lower extremities. Recommendation is for denial.