

Case Number:	CM13-0069290		
Date Assigned:	01/03/2014	Date of Injury:	10/15/2004
Decision Date:	05/27/2014	UR Denial Date:	11/24/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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 patient is a 57-year-old with a date of injury of October 15, 2004. The listed diagnoses per [REDACTED] are spinal stenosis of lumbar region with neurogenic claudication, post-laminectomy syndrome, lumbar region. According to report dated November 14, 2013 by [REDACTED], the patient presents with chronic low back pain. The patient is currently getting pain medications by a pain specialist and is now considering a pain pump. Today, she presents asking for a chairlift and a motorized scooter or wheelchair. She also needs a motorized scooter to get around the neighborhood and to go shopping. Examination reveals the patient walks with a walker. Her eyes are PERRLA, and affect and speech are appropriate. This is the extent of the physical examination. There is a more detailed physical examination from October 1, 2013 by [REDACTED] that reports patient has tenderness in the lumbar paravertebral muscles with positive straight leg raise. Muscle strength is 5/5 bilaterally. The patient walks with an assistive device (walker). Utilization is dated November 24, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTORIZED SCOOTER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Powered Mobility Devices (PMDs) Section Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

Decision rationale: This patient presents with chronic low back pain. The treater is requesting a motorized scooter for the patient to get around the neighborhood and go shopping. For power mobility devices, the Chronic Pain Medical Treatment Guidelines has the following: "not recommended if the functional mobility deficits 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 assistant with the manual wheelchair. Early exercise mobilization and independence should be encouraged at all steps of injury recovery process, and if there is any mobility with canes or other devices, a motorized scooter is not essential to care." In this case, the patient is requesting the scooter to get around the neighborhood and to go shopping. However, physical examination reveals the patient is "not acutely distressed" and is currently walking with a walker. There are no documentation of upper extremity problems where a wheelchair cannot be considered. The patient is using a walker as well. The request for a motorized scooter is not medically necessary or appropriate.

CHAIR LIFT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CIGNA Medical Necessity Guidelines, Seat Lift Mechanisms and Patient Lifts And Standing Devices Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines, Coverage Policy Bulletins, Seat Lifts And Patient Lifts Section.

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting a chairlift. The ACOEM, MTUS and ODG Guidelines do not discuss chair lifts. AETNA guidelines support chair or patient lifts if the patient is incapable of standing from a seated position, among other requirement. There is no evidence that this patient is unable get up from a seated position. The request for a chair lift is not medically necessary or appropriate.