

Case Number:	CM13-0070341		
Date Assigned:	08/13/2014	Date of Injury:	12/28/2003
Decision Date:	09/23/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/24/2013

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 Medicine and is licensed to practice in Texas and Ohio. 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 55 year old male who reported injury on 12/28/2003. The mechanism of injury was not indicated. Diagnoses include residual post laminectomy pain syndrome with low back and lower extremity pain, and history of polio. Past treatment includes lumbar spine surgery, medications, and home exercise program with walking. Diagnostic testing was not provided. Surgical history included L4-L5 laminectomy and discectomy on 03/22/2005 and L4-L5 laminectomy with bilateral L4-L5 and L5-S1 discectomy with fusion on 03/14/2006. The injured worker complained of increased pain in cold weather. The injured worker has had some numbness and tingling to left leg lasting seconds, two times a week. Physical examination of lumbar spine showed no significant tenderness to palpation, right lower extremity strength was 5/5, there was some weakness with right knee flexion, marked weakness to the left hip flexion with a strength of 1/5, left knee extension is 1/5 and flexion 1-2/5. The injured worker was wearing a left AFO (Ankle Foot Orthosis). Medications included hydrocodone/APAP 10/325 mg. The treatment plan is for Lofstrand crutches for the lower back area (1 pair for purchase). The rationale for the request and the request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lofstrand Crutches for the lower back area (1 pair for purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The injured worker does have lower extremity weakness however this is not demonstrated to aggravate the lower back pain. There is lack of documentation to demonstrate the lower extremity weakness to be results of the lumbar surgical intervention. The Official Disability Guidelines for walking aids (canes, crutches, braces, orthoses, & walkers) are recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. There is a lack of documentation that the lumbar spine is causing any lower extremity loss of function or weakness. There is a lack of documentation indicating that the injured worker has significant objective functional deficits which prevent walking without an aide. As such, the request for Lofstrand crutches for the lower back area is not medically necessary.