

Case Number:	CM13-0070863		
Date Assigned:	01/08/2014	Date of Injury:	05/02/2013
Decision Date:	04/15/2014	UR Denial Date:	11/30/2013
Priority:	Standard	Application Received:	12/26/2013

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 Neurology and is licensed to practice in Arizona. 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 32-year-old male, injured worker, who sustained a first injury in May of 2012 with a secondary injury on 5/2/13. He has undergone L5-S1 microdiscectomy for back and left lower extremity pain in July of 2012 which was felt to be due to degenerative disc disease. Several months after the low back surgery, he developed increased weakness in the extremities including the arms. On 5/2/13, he bent down to pick up a cheese plate and experienced some popping in his low back and a sharp pain in the left leg. Since then he has been complaining of significant pain on weight bearing. He also complained increased weakness in the legs and arms and intermittent discoloration in the fingertips. Subsequently, he underwent imaging/MRI of the lumbar thoracic and cervical spine. There were no spinal cord lesions. Chronic disc degeneration and disc bulge was noted in the lumbar area. Electromyography (EMG) of the lower extremities was also normal. The neurologist did not provide any new diagnosis as to the cause of increased weakness and pain following the second injury. Subsequently, he underwent physical therapy and pain management. The neurosurgeon did not recommend additional surgery

IMR ISSUES, DECISIONS AND RATIONALES

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

WHEELCHAIR QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS, ACOEM and ODG provide no guidelines regarding the use of wheelchair. This injured worker does not have a clear-cut diagnosis to explain increased weakness in the upper and lower extremities. Imaging studies did not reveal any new diagnoses and EMG was negative. Therefore the requirement for a wheelchair does not seem to be appropriate.