

<b>Case Number:</b>	CM13-0071312		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/12/2011
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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 male with date of injury 4/12/11 with related neck pain and low back pain. Per 10/14/13 note, he was unable to walk more than 15-20 meters without increased back and leg pain. Physical exam of lumbar spine revealed decreased sensation across the left L5 distribution with symptoms of stenosis. Straight leg raise was negative, DTR's 2+. MRI of the lumbar spine dated 9/12/11 revealed at L4-5, a 6 mm posterior and bilateral intraforaminal L4-L5 disc protrusion causing mild L4-5 spinal canal and bilateral L4-L5 neural foraminal stenosis moderate on the left and mild on the right. At L5-S1, a 5 mm left intraforaminal L5-S1 disc protrusion causing mild left L5-S1 neural foraminal stenosis. He was status post arthroscopy/debridement, subacromial decompression on 12/13/12. He has been treated with lumbar spine and two lumbar epidural steroid injections, acupuncture, physical therapy, and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A WALKER:** Overturned

**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 Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Walking Aids.

**Decision rationale:** With regard to walking aids, the ODG states they 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. Non-use is associated with less need, negative outcome, and negative evaluation of the walking aid. The walker was originally denied as the surgical procedure it was requested with was not deemed medically necessary. However, the documentation provided for review indicates that the patient is unable to walk more than 15-20 meters without increased back and leg pain. Due to this, even in absence of the surgical intervention, the requested walker is medically necessary in this case.