

Case Number:	CM14-0004458		
Date Assigned:	02/05/2014	Date of Injury:	09/11/2009
Decision Date:	06/20/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 injured worker is a 35-year-old female who reported an injury on 09/11/2009. The mechanism of injury was a slip and fall. Per the operative report dated 10/23/2013, the injured worker underwent a transforaminal epidural injection to the L4-5 and L5-S1 lumbar region. Per the clinical note dated 11/04/2013, the injured worker reported continued low back pain and bilateral lower extremity symptoms. She rated her pain at 7/10. She reported lower extremity symptoms that included numbness, tingling and burning to the left knee, with her right side being greater than her left. The injured worker was status post surgery from 04/2010 at the L4-5 level. The injured worker reported that the epidural steroid injection that she received on 10/23/2013 gave her approximately 1 week of relief. The injured worker indicated she did not wish to consider surgery for her back problems. The injured worker completed greater than 24 sessions of physical therapy, which she discontinued because she stated that it aggravated her pain. She also had 4 sessions of acupuncture, which provided temporary relief. The MRI of her lumbar spine dated 01/15/2013 showed facet arthropathy at L4-5, a minimal broad-based bulge with a loss of normal lumbar lordosis. The diagnoses for the injured worker included status post microlumbar decompression surgery, worsening lumbar radiculopathy to the right side, HNP at L4-5 and severe medication-induced gastritis with most oral medications. The Request for Authorization for Medical Treatment was dated 11/04/2013.

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 Chronic Pain Medical Treatment Guidelines, Power Mobility Devices..

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

Decision rationale: Per the California MTUS Guidelines, powered mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker or the injured worker 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 a manual wheelchair. Early exercise mobilization and independence should be encouraged at all steps of the injury recovery process; and if there is any mobility with a cane or other assistive devices, a motorized scooter is not essential to care. There is a lack of documentation that the injured worker cannot stand or walk on her own. It was unclear if the injured worker has tried utilizing a manual wheelchair. It was noted she was using a cane. There is a lack of documentation indicating the injured worker had significant mobility deficits which would require the use of a motorized scooter. Therefore, the request for the motorized scooter is not medically necessary.