

Case Number:	CM14-0101438		
Date Assigned:	07/30/2014	Date of Injury:	12/06/1975
Decision Date:	09/19/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational 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 60 year old male who was injured on 12/06/1975. The mechanism of injury is unknown. Prior medication history included tramadol and Lyrica. Progress report dated 04/10/2014 documented the patient to have complaints of constants low back pain radiated to 4-5/10 at its best and 9/10 on a bad day with radiation to the left hip with numbness and tingling sensation. He also reported symptoms of stress and insomnia. He noted that his low back pain is worsening. Objective findings on exam revealed paraspinal spasms at L3-S1 paravertebral muscles. The lumbar spine range of motion is restricted to flexion at 15/60 degrees, extension at 10/25 degrees. Straight leg raise and Kemp's tests are positive bilaterally. Patrick-Fabere test is positive on the left and negative on the right. Sensation is decreased on the right at the L4 dermatome. Motor strength is 3+ to 4-/5 on the right in the extensor hallucis longus muscle group and 3/5 in the left extensor hallucis longus muscle group. Deep tendon reflexes are 1+ bilaterally in the L4 nerve distribution and 0 in the right Achilles and 1+ in the left. Diagnoses are severe bilateral chronic L5-S1 radiculopathy; severe diffuse peripheral polyneuropathy, bilaterally; neuropathic pain of bilateral lower extremities; right peroneal nerve palsy with foot drop; chronic pain syndrome, failed back surgery syndrome; bilateral hip labral tears, abdominal hernia; gait instability due to severe low back pain and stenosis. Due to the pain and difficulty with ambulation, the patient was recommended for a scooter. Prior utilization review dated 06/19/2014 states the request for 1 scooter for transfer/transportation between 06/18/2014 and 09/16/2014 is denied as it is not essential to care.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 scooter for transfer/transportation between 06/18/2014 and 09/16/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic) - Power mobility devices; Official Disability Guidelines, Knee & Leg (Acute and Chronic).

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

Decision rationale: According to MTUS guidelines, power mobility devices are "not recommended if the functional mobility deficit 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 assistance with a manual wheelchair." In this case, a request is made for a scooter for transfer/transportation for a 60-year-old male injured on 12/6/75 with chronic low back pain and radiculopathy status post lumbar fusion. However, in this case, records document the patient is able to walk with a cane. He also appears to have sufficient upper extremity strength to power a manual wheelchair. Medical necessity is not established for a scooter.