

Case Number:	CM14-0014545		
Date Assigned:	02/28/2014	Date of Injury:	10/23/2005
Decision Date:	07/24/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 52 year old female who has submitted a claim for cervical disc disease, lumbar/sacral disc disease, insomnia, and anxiety/depression; associated with an industrial injury date of 12/23/2005. Medical records from 2013 were reviewed and showed that the patient complained of neck and low back pain with radicular symptoms into the arms and legs, respectively. Physical examination showed tightness in the cervical paraspinal musculature. Range of motion of the cervical and lumbar spines was restricted. Motor and sensory testing findings were not provided. Treatment to date has included medications and toradol injection. A utilization review dated 01/27/2014 denied the request for a cane due to a lack of documentation indicating the patient's gait and heel toe walking to support the need for a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

CANE FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The ODG states that in patients with osteoarthritis, the use of a cane or walking stick in the hand contralateral to the symptomatic knee reduces the peak knee adduction moment by 10%. Cane use in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. In this case, a cane was prescribed for 'support'. However, medical records submitted for review failed to provide information regarding the patient's gait or any other finding that would support the need for the cane. Therefore, the request for cane for the lumbar spine is not medically necessary.