

Case Number:	CM14-0015198		
Date Assigned:	02/28/2014	Date of Injury:	04/27/2004
Decision Date:	07/08/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 Physician 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 59-year-old female who reported injury on 04/27/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 02/27/2014 indicated diagnoses of degenerative disc disease and spondylosis plus disc protrusion of the cervical spine at C4-5, C4-5, C5-6, and C6-7 status post an anterior cervical fusion at C3-4, C4-5, C5-6, and C6-7, degenerative disc disease and discogenic disease plus spondylosis as well as disc protrusion of the lumbar spine at every level status post fusions from L2-S1 including spinal stenosis and a pseudoarthrosis at L2-3 associated with bilateral lower extremity radiculitis complicated by a history of postoperative wound infection, probable degenerative disc disease and spondylosis of the thoracic spine at T12-L1, T11-12, T10-11 as well as potentially additional levels, moderate exogenous obesity associated with hypertension and diabetes mellitus, cervical spondylosis without myelopathy, displaced cervical intervertebral disc, arthrodesis status, brachial neuritis/radiculitis other, degenerative lumbar/lumbosacral IV disc, displaced intervertebral disc site unspecified, lumbosacral spondylosis, displaced lumbar intervertebral disc, spinal stenosis lumbar region, nonunion of fracture, unspecified thoracic/lumbar neuritis, infected postoperative seroma, cellulitis abscess trunk, degenerative thoracic disc, thoracic spondylosis without myelopathy, obesity unspecified, benign essential hypertension, and diabetes uncomplicated type 2. The injured worker reported constant severe low back pain, which radiated to her buttocks down both of her legs associated with some numbness, tingling, weakness and fatigue in both legs and both feet. The injured worker reported difficulty bearing full weight on her right leg and was using a walker on regular basis. The injured worker reported since her 2009 lower back surgery she had experienced complete numbness at the abdominal incision, which extended to her left groin region and her left pubic area down her left leg above her knee. The injured worker reported constant moderate neck pain, which radiated down

both of her arms and extended to both her hands with increased constant numbness in both of her arms and both of her hands with popping in the right hand as well as difficulty with gripping and grasping objects in both of her hands which was associated with her neck. The injured worker reported the symptoms in her neck, both of her arms and both of her hands increased with the use of her walker, especially with prolonged walking which was why she requested the electric scooter with a lift for her car to improve her mobility outside of the house. The injured worker reported upper back pain and mid back pain with ambulation with radiation of the pain to her lower back. On physical exam, the injured worker had mid back pain, lower back pain and bilateral leg pain, occasional headaches plus numbness and tingling in both of her arms and legs, however, no gait instability. The injured worker had a mild right antalgic limp. The cervical spine range of motion revealed flexion of 20 degrees, extension of 15 degrees, rotation of 25 degrees, and lateral bending of 10 degrees. There was mild tenderness in the middle, especially at the cervicothoracic junction with minimal tenderness in the upper cervical levels. The injured worker had moderate tenderness in the paraspinal muscles mainly at the base of the neck. There was moderate plus tenderness in the trapezius muscles and moderate tenderness over the nerve roots on both sides of the neck. The injured worker's upper extremities revealed deep tendon reflexes were unobtainable at the biceps, triceps and the brachial radialis. The injured worker's motor strength testing demonstrated generalized mild grade 4 weakness. The lumbar range of motion revealed flexion of 30 degrees, extension of -5 degrees, rotation of 25 degrees, and lateral bending of 10 degrees. The injured worker had moderate tenderness in cephalad end of scar with moderate plus tenderness at the lower end of the scar at the lumbosacral junction. There was moderate plus tenderness in the paraspinal muscles at the lower levels adjacent to the sacroiliac joints. The injured worker had moderate to severe tenderness at the sacroiliac joints with moderate tenderness over the sciatic nerves on both sides. The injured worker's lower extremity deep tendon reflexes are trace plus symmetrical at the knees but unobtainable at the ankles. Her motor strength demonstrated grade 5 strength without any neurological deficits. The straight leg-raising maneuver in the seated position was done to 60 degrees with lower back pain as well as bilateral buttock pain plus bilateral radicular leg pain plus some hamstring tightness. The provider submitted a request for electric scooter with lift for car. The injured worker's prior treatment included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Vistaril, Zanaflex, Cymbalta, Klonopin, Norco and Nexium. The provider submitted a request for an electric scooter with lift for car. A request for authorization dated 01/16/2014 was submitted for an electric scooter as well as a lift for the car so that the scooter can be transported for use. The injured worker has very poor mobility due to the residual lumbar problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRIC SCOOTER W/ LIFT FOR CAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POWER MOBILITY DEVICES (PMDs) Page(s): 99.

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

Decision rationale: The request for electric scooter w/ lift for car is not medically necessary. The California Chronic Pain Medical Treatment Guidelines indicate that 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. The guidelines also indicate that early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. The documentation submitted did not indicate whether the injured worker had someone available, willing and able to provide assistance with a manual wheelchair. In addition, on physical exam of the lower extremities, the injured worker's motor strength testing demonstrated grade 5 strength without any neurological deficits. Moreover, the injured worker's neurological exam indicated the injured worker's gait was stable. Therefore, the request for electric scooter with lift for car is not medically necessary.