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| <b>Case Number:</b>   | CM14-0125788 |                              |            |
| <b>Date Assigned:</b> | 08/13/2014   | <b>Date of Injury:</b>       | 03/26/2013 |
| <b>Decision Date:</b> | 09/11/2014   | <b>UR Denial Date:</b>       | 07/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/08/2014 |

### 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:

This 51 year old patient had a date of injury on 3/26/2013. The mechanism of injury was. In a progress noted dated 7/16/2014, subjective findings included the patient stating she feels no improvement and feels the same. She is on Diazepam, Norco, Amitriptyline, and Neurontin. Lower back pain is 10/10. On a physical exam dated 7/16/2014, objective findings included She stil walks with a cane; however there is considerable pain in her hip. She is requesting a scotter because of difficulty walking. Diagnostic impression shows lumbosacral strain/sprain, anxiety and stress reaction. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/23/2014 denied the request for motorized electric scooter dated 7/16/2014, purchase or rental unspecified. The rationale for the denial was not provided in the reports viewed. Pain management referral was denied, stating that guidelines state to consider consultation if suffering and pain behaviors are present and the patient continues to request medications, or when standard treatment measures have not been successful or are not indicathec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized Electric Scooter, purchase or rental unspecified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 132.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state 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. In a progress note dated 7/16/2014, the patient, the patient is noted to ambulate with a cane. No discussion was provided regarding whether or not the patient has sufficient upper extremity function to propel a manual wheelchair, or failure of the cane in terms of helping with activities of daily living. Furthermore, it is unclear whether this request is for a rental or purchase. Therefore, the request for a Motorized electric scooter is not medically necessary.

**Pain Management Referral:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 127, 156 Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In a progress report dated 7/16/2014, the patient feels no improvement and feels the same. She is documented to be on Diazepam, Norco, Amitriptyline, and Neurontin, with subjective pain levels rated 10/10. Therefore, the request for Pain management referral is medically necessary.