

<b>Case Number:</b>	CM14-0134436		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	08/14/1995
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Emergency 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 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 66 year old female with a reported date of injury on 08/14/1995. The mechanism of injury was not provided. The injured worker's diagnoses included muscle spasm, post lumbar laminectomy syndrome with nerve stimulator implant, low back pain, and lumbar degenerative disc disease. The injured worker's past treatments included medications, and durable medical equipment (braces, cane, etc.). The injured worker's previous diagnostics include a CT scan of the orbits on 06/07/2013. The injured worker's surgical history included an unspecified lumbar laminectomy based on her diagnoses. The injured worker was evaluated on 07/24/2014 and complained of back pain radiating from low back down both legs, numbness to right leg, and tingling over left foot. She described her pain as 7/10 with medications and 10/10 without medications. She reported that her activity level had increased, her medications were working well and had the side effect of dry mouth. The injured worker reported that she was able to walk half a block at a time. The clinician observed and reported the injured worker has an antalgic, slowed gait with the use of a 4 point cane. Focal assessment of the lumbar spine revealed restricted range of motion measured at 40 degrees of flexion and 5 degrees of extension limited by pain. Tenderness to palpation with spasm was noted to bilateral paravertebral muscles. The injured worker could not heel or toe walk and patellar jerk was 2/4 bilaterally. The motor strength of the extensor hallucis longus was 5-/5 on right and 4/5 on left and ankle dorsi flexor was 5-/5 on right and 4/5 on left. Sensation to pinprick was noted to be decreased over the left lateral and medial foot, lateral calf, and lateral thigh. The injured worker's medications included Cymbalta 60 mg twice daily, Flexeril 10 mg four times per day as needed, Neurontin 800 mg three times per day, Percocet 10/325 Mg five times per day as needed, Kadian ER 60 Mg Capsule 2 tablets every morning and 1 tablet every evening, and Methotrexate weekly. The

request was for DME: Motorized scooter related to lumbar injury as outpatient. The rationale for the request was not provided. The request for authorization form was submitted on 08/06/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DME: Motorized scooter related to lumbar injury as outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back.

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

**Decision rationale:** The injured worker reported the ability to walk half a block at a time with a left foot brace and 4 prong cane. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend power mobility devices if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. 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. Per the provided documentation, the injured worker is able to walk with assistive devices. There is no indication that the injured worker has significant objective functional deficits which cannot be remedied with a cane or manual wheelchair. Therefore, the request for DME: Motorized scooter related to lumbar injury as outpatient is not medically necessary.