

Case Number:	CM14-0153094		
Date Assigned:	10/06/2014	Date of Injury:	05/20/2013
Decision Date:	11/12/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/19/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of massage therapy; and work restrictions. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a front wheeled walker. The applicant's attorney subsequently appealed. In a June 5, 2014 progress note, the applicant reported persistent complaints of low back pain, ranging from 6-8/10. The applicant stated that he is having tolerating his usual and customary workday. The applicant was trying to time-limit his workday. The applicant was reportedly having difficulty tolerating Norco owing to sedation with the same. Ultram was apparently furnished. The applicant was given a 25-pound lifting limitation along with a cap of working no more than six hours per day. In an August 26, 2014 progress note, the applicant reported a two-week long flare of low back pain with symptoms radiating into the right leg. Authorization was sought for a selective nerve root block, Norco, chiropractic manipulative therapy, and acupuncture. The applicant was quite uncomfortable. The attending provider suggested that the applicant receive a front wheeled walker to move about. The applicant was apparently using said walker in the clinic setting owing to pain complaints. It was stated that the applicant was a candidate for a multilevel lumbar fusion surgery. The applicant was placed off of work, on total temporary disability through September 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Front-wheeled walker: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, every attempt should be made to maintain applicants at "maximum levels of activity." The request for walker, thus, runs counter to ACOEM principles and parameters as it would, by implication, promote lesser levels of activity, including lesser levels of ambulation. Therefore, the request is not medically necessary.