

<b>Case Number:</b>	CM14-0155724		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Orthopedic Surgery 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 is a 55 year old female claimant with an industrial injury dated 03/09/12. Conservative treatments have included activity modification, medication, physical therapy, chiropractic treatment, and injection therapy with no significant improvement. MRI of the lumbosacral spine dated 09/30/13 demonstrates a disc bulge at L3-4, a mildly impression on the thecal sac, bilateral facet arthrosis a moderate bilateral neural foraminal narrowing, and a small circumferential disc bulge compressing the thecal sac at L4-5. Also there is a small circumferential disc bulge with mild impression on the thecal sac. Exam note 08/19/14 states the patient returns with low back pain. The patient explains that the pain is now constant and radiating to the lower limbs. In addition, she experiences spasm type sensation in the lower back and feels weakness in both legs. Upon physical exam there was tenderness of the lumbosacral spine and the range of motion in all directions was decreased. The patient had decreased sensation along the dorsolateral anterior lateral aspect of the left lower leg. Treatment includes a post-operative walker for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of a Post-Operative Walker 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), Knee Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking Aids

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of walking aids. According to the ODG, Knee and Leg, Walking aids, are recommended for patients with osteoarthritis. In this case there is insufficient evidence from the records from 8/19/14 of significant osteoarthritis or functional impairment to warrant a walking aid. Therefore, the request is not medically necessary.