

<b>Case Number:</b>	CM14-0161657		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Spine Surgeon 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 59-year-old female who reported a twisting injury on 03/19/2012. The current diagnoses include lumbar spine myalgia, muscle spasm, and radiculitis. Previous conservative treatment is noted to include physical therapy, chiropractic treatment, and medication management. The injured worker was evaluated on 09/15/2014 with complaints of persistent lower back pain. Physical examination revealed tenderness to palpation, diminished sensation in the L4-S1 distributions, and lower extremity weakness. Treatment recommendations included a walker for bilateral lower extremity support. A Request for Authorization form was then submitted on 09/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walker for bilateral leg support:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual

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

**Decision rationale:** The Official Disability Guidelines state walking aids are recommended as indicated. Framed or wheeled walkers are preferable for patients with bilateral disease. There is no documentation of a significant functional limitation. There is no evidence of a significant mobility deficit. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically appropriate.