

Case Number:	CM14-0170574		
Date Assigned:	10/20/2014	Date of Injury:	12/21/1994
Decision Date:	11/20/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/15/2014

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 Pain Management and Rehabilitation, 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 60 year-old patient sustained an injury on 12/21/1994 while employed by [REDACTED]. Request(s) under consideration include 1 Replacement Motorized Scooter. Diagnoses include Lumbosacral degenerative disc displacement without myelopathy/ lumbago/ post-laminectomy syndrome; with spinal cord stimulator placement that was removed six months subsequently from infection on 9/26/13. The patient has past medical history of Diabetes, Hypertension, and hyper-cholesterolemia. Medications list Metformin, Amoxicillin, Aspirin, Lyrica, Cymbalta, Oxycodone, Simvastatin, Lisinopril/ HCTZ, Oxycontin, Reglan, Xanax, Zantac, and ProAir HFA. Records indicated the patient has been using a scooter for long distance ambulation due to lower extremity pain and weakness. There was an apparent recent authorization for a replacement scooter on 5/13/14; however, recent medical report indicated the new scooter was a rough ride for the patient and has now requested for a new scooter after receiving the last one a few months prior. Report of 9/24/14 from the provider noted unchanged chronic low back pain symptoms with radicular left leg pain rated at 9/10 without and 4/10 with medications. Medications have kept the patient functional, increased mobility, and tolerating ADLs. Report of 9/23/14 from a provider noted exam findings with patient showing antalgic gait with use of cane, well-healed incision of lumbar spine, unchanged decreased lumbar range with positive SLR, spasm, and diffuse decreased strength and sensation in lower extremities with intact DTRs. Diagnoses included lumbar intervertebral disc displacement/ neuritis/ radiculitis/ lumbago/ post-laminectomy syndrome; and COPD. Treatment included medication refills. The request(s) for 1 Replacement Motorized Scooter was non-certified on 9/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Replacement Motorized Scooter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; regarding Motor Scooter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs)- Scooter, Page(s): 100.

Decision rationale: This 60 year-old patient sustained an injury on 12/21/1994 while employed by [REDACTED]. Request(s) under consideration include 1 Replacement Motorized Scooter. Diagnoses include Lumbosacral degenerative disc displacement without myelopathy/ lumbago/ post-laminectomy syndrome; with spinal cord stimulator placement that was removed six months subsequently from infection on 9/26/13. The patient has past medical history of Diabetes, Hypertension, and hyper-cholesterolemia. Medications list Metformin, Amoxicillin, Aspirin, Lyrica, Cymbalta, Oxycodone, Simvastatin, Lisinopril/ HCTZ, Oxycontin, Reglan, Xanax, Zantac, and ProAir HFA. Report of 9/24/14 from the provider noted unchanged chronic low back pain symptoms with radicular left leg pain rated at 9/10 without and 4/10 with medications. Medications have kept the patient functional, increased mobility, and tolerating ADLs. Report of 9/23/14 from a provider noted exam findings with patient showing antalgic gait with use of cane, well-healed incision of lumbar spine, unchanged decreased lumbar range with positive SLR, spasm, and diffuse decreased strength and sensation in lower extremities with intact DTRs. Diagnoses included lumbar intervertebral disc displacement/ neuritis/ radiculitis/ lumbago/ post-laminectomy syndrome; and COPD. Treatment included medication refills. The request(s) for 1 Replacement Motorized Scooter was non-certified on 9/19/14. Per MTUS Guidelines regarding power mobility devices such as scooters, they 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. Early 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. There is notation the patient has been utilizing a cane; however, records indicated the patient has been using a scooter for long distance ambulation due to lower extremity pain and weakness. There was an apparent recent authorization for a replacement scooter on 5/13/14; however, recent medical report indicated the new scooter was a rough ride for the patient and has now requested for a new scooter after receiving the last one a few months prior without clear medical indication. Submitted reports have not shown any motor deficits in the upper no myotomal neurological findings in the lower extremity except for diffuse weakness, but able to ambulate with cane. There is no physical therapy report identifying any ADL limitations or physical conditions requiring a purchase of a motorized scooter nor is there any failed trial of other non-motorized walking aide. The criteria for the power mobility device has not been met from the submitted reports. There is no documented clinical motor or neurological deficits of the upper extremities to contradict the use of the cane as the patient has been sufficiently using as a walking aide. The 1 Replacement Motorized Scooter is not medically necessary and appropriate.