

Case Number:	CM14-0021355		
Date Assigned:	05/07/2014	Date of Injury:	07/21/2008
Decision Date:	07/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 21, 2008. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated February 5, 2014, the claims administrator denied a request for motorized scooter for the lumbar spine and denied a request for a roller bag for the lumbar spine, stating that the attending provider had not documented the applicant's mobility deficits in a comprehensive manner. The applicant's attorney subsequently appealed. A January 14, 2014 note is notable for comments that the applicant is having ongoing issues with chronic low back pain. The applicant is apparently is unable to afford a car and has been therefore been carrying lot of stuff directly on his back. The attending provider therefore sought authorization for a roller bag. The attending provider stated that the applicant was having difficulty moving around without a car and getting around so he therefore requested a scooter. An earlier note of February 28, 2012 is notable for comments that the applicant was off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTORIZED SCOOTER FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines POWER MOBILITY DEVICES (PMDS) Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 8, Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, power mobility devices such as motorized scooter being proposed here are not recommended if an applicant's function and mobility deficits can be rectified through usage of cane or walker. Motorized scooter is not essential to care, the MTUS notes. In this case, however, the motorized scooter has not been provided for any medical purposes or gait derangement issues; rather, the motorized scooter is being requested on the grounds that the applicant cannot afford a car and is having issues paying for transportation. As noted in the MTUS-adopted American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Guidelines in chapter 5, page 83, however, to achieve functional recovery, the applicants must assume certain responsibilities, one of which is to keep appointments. Thus, the motorized scooter being sought by the attending provider for transportation purposes, thus, is an article which has been deemed, per ACOEM, to be matter of applicant responsibility as opposed to a matter of payer responsibility. Therefore, the request is not medically necessary.

ROLLER BAG OR 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 8.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (MTUS)-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in chapter 1, page 8, heavy carrying should be reduced to less than 33% of lean body weight by dividing loads and/or through usage of "mechanical transport devices." In this case, the attending provider has posited that the applicant is seemingly unemployed, is in dire financial straits, and is having exacerbation and/or aggravations of low back pain as a result of having to lift and carry heavy articles of his own accord and/or on his back. Provision of a mechanical transport device in the form of the proposed roller bag is therefore medically necessary.