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| <b>Case Number:</b>   | CM14-0022476 |                              |            |
| <b>Date Assigned:</b> | 05/09/2014   | <b>Date of Injury:</b>       | 02/18/2000 |
| <b>Decision Date:</b> | 07/10/2014   | <b>UR Denial Date:</b>       | 02/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/21/2014 |

### 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 Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

Per treating physician's report 01/23/2014, listed diagnoses are: 1. Status post posterior fusion at L3 to S1 with partial fusion at L2-L3 from 2009, prior laminectomy decompression L3 to L5 in 2006. 2. Left SI joint sprain. 3. Diabetes mellitus. The patient presents with increased back pain radiating to the bilateral lower extremities, recurrent numbness and tingling to the toes, unable to sit and stand up without a walker. He is unable to walk without a walker or assistant. Under treatment plan, patient is prescribed refill of medication #120 with 3 refills, request authorization for mobility chair to increase activities of daily living such as getting around from point A to point B and easy access when taking public transportation. Report from 12/05/2013 states that Norco decrease his pain down to 3/10, Neurontin by 40%. Examination is unchanged, and there are no discussions regarding the patient's functional level. The 07/15/2013 report is also reviewed. This report indicates that the patient uses a rolling walker for support. Medication controls his low back pain, allows for activities of daily living. For examination, well-healed surgical scar, straight leg raise test is positive bilaterally, diminished range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MOBILITY CHAIR:** 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 & Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**Decision rationale:** This patient presents with chronic low back pain with radiation down the lower extremities. The patient has had multiple surgeries with the most recent surgery from 2009 for multilevel lumbar fusion from L3 to S1. The request is for power mobility device. Review of the reports show that the patient is relying on front-wheeled walker, but other than this, no other functional measures are provided. For power mobility devices, MTUS Guidelines page 99 states "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." In this case, the patient is using a front-wheeled walker, appears to have sufficient upper extremity function to be able to use a manual chair for community mobility. There is no discussion regarding the patient's social situation to understand whether or not there is a caregiver available that can help. Given that MTUS Guidelines do not support power mobility device if the patient is able to rely on walker, therefore the request is not medically necessary.