

Case Number:	CM14-0027414		
Date Assigned:	06/16/2014	Date of Injury:	06/13/2011
Decision Date:	08/05/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/04/2014

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 patient is a 53 year-old male who has reported low back pain after an injury on 06/13/2011. Diagnoses included status post L5-S1 laminectomy and posterior spinal fusion on 1/3/13, and multilevel degenerative disc disease. A CT scan on 9/24/13 showed no fusion progression. Treatments have included medication, surgery, physical therapy, and prolonged disability prescribed by the treating physicians. Per the AME on 9/23/13, the injured worker had ongoing pain but was able to perform a wide range of activities of daily living, including driving and walking. The AME noted that the injured worker used a cane yet walked without a limp and had no weakness. On 11/4/13 the AME recommended a revision surgery due to a failed fusion and malpositioned screw. Per the surgeons report of 10/23/2013, there was ongoing low back and leg pain equal to that present before surgery. Repeat surgery was recommended due to a failed fusion. There was no mention of a walker. On 1/16/14 a revision fusion was performed due to an L5-S1 pseudoarthrosis. No post-operative reports were included and there were no authorization requests for any medical equipment. On 2/5/14, Utilization Review non-certified the walker, noting the lack of clinical reports addressing medical necessity and the lack of any specified duration. The date of service was listed as 1/3/13. The Official Disability Guidelines were cited. The Independent Medical Review application is for a retrospective request for the walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for a front wheel walker: 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, Walking aids.

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, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The Official Disability Guidelines address walking aids in the citation above, but do not provide specific indications for a walker, or a walker for patients with back pain. Given that there are no stated indications from the treating physician, no duration of use, and no clear necessity in general for patients with back pain, the retrospective request for a front wheel walker is not medically necessary and appropriate.