

Case Number:	CM14-0036513		
Date Assigned:	06/25/2014	Date of Injury:	11/01/2006
Decision Date:	07/23/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 44-year-old male who reported injury on 11/01/2006. The mechanism of injury was not provided. The prior treatments included 2 cervical fusions at 3 levels. It was indicated other prior treatments include physical therapy. The documentation of 12/16/2013 revealed the injured worker had severe and debilitating low back pain. The injured worker had neck pain with associated cervicogenic headaches. The injured worker had trigger point injections previously. The injured worker had decreased range of motion in the cervical spine. There was tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular and suboccipital region. There were multiple trigger points and taut bands palpated throughout. The deep tendon reflexes in the upper extremities were 1+ bilaterally. There was no DWC Form RFA nor PR-2 submitted with the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cane Purchase For Cervical 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 Treatment In Injured Workers' Comp, 12th Edition. Knee & Leg(updated 01/20/14).

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 Aids.

Decision rationale: The Official Disability Guidelines indicate that walking aids are appropriate for injured worker's who have knee pain, disability, and age-related impairment. There was lack of documentation including a rationale a walking aid. There was no DWC Form RFA nor PR-2 submitted with the requested service. Given the above, the request for cane purchase for cervical spine is not medically necessary.