

Case Number:	CM14-0049237		
Date Assigned:	06/25/2014	Date of Injury:	09/26/2006
Decision Date:	09/10/2014	UR Denial Date:	03/11/2014
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 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 a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 26, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; MRI imaging of the cervical spine of February 6, 2013, notable for broad-based disk bulge at C5-C6; unspecified amounts of physical therapy; epidural steroid injection therapy; opioid therapy; and work restrictions. In a Utilization Review Report dated March 11, 2014, the claims administrator denied a request for a postoperative walker on the grounds that a derivative or companion request for cervical spine surgery had apparently been concurrently denied through the Utilization Review process. Non-MTUS ODG Guidelines were invoked or cited, although they were not incorporated into the body of the report. The applicant's attorney subsequently appealed. On June 28, 2013, the applicant's pain management suggested that the applicant could be a candidate for either a cervical or lumbar spine surgery or both. On January 15, 2014, the applicant's secondary treating physician, a spine surgeon, noted that the applicant presented with 9/10 neck pain radiating to the bilateral arms, left greater than right. 5/5 upper extremity strength is noted. Authorization was sought for a C5-C6 cervical discectomy and fusion, preoperative clearance, 12 sessions of postoperative therapy, cervical collar brace, a walker, home health services, and transportation to and from medical appointments. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. The remainder of the file was surveyed. There was no evidence that the applicant had in fact undergone the contested cervical spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative 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), Treatment in Workers Comp, Knee Chapter, Durable medical equipment.

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

Decision rationale: There is no evidence that the applicant had the surgery in question. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if the functional mobility deficit in question can be sufficiently resolved by the prescription of a cane and/or walker. In this case, however, the treating providers have not outlined any preoperative gait or mobility deficits which are so severe or so profound that they would require usage of a walker. While the applicant was described on an office visit of June 28, 2013, as exhibiting an antalgic gait, the applicant was nevertheless ambulating in an unaided manner, without any kind of assistive device. Similarly, the applicant's gait was not described on the January 15, 2014 office visit referenced above. The applicant, in short, does not have any evidence of a significant functional mobility deficit that would require provision of a walker. Similarly, there is no evidence that the cervical spine surgery, even if it transpired, would inevitably result in a functional mobility deficit so profound as to require usage of the walker in question. Therefore, the request is not medically necessary.