

Case Number:	CM14-0070716		
Date Assigned:	07/14/2014	Date of Injury:	05/13/2005
Decision Date:	08/21/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/16/2014

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 Orthopedic spine surgeon, and is licensed to practice in Texas. 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 48-year-old male who reported an injury on 05/13/2005. The mechanism of injury was not stated. Current diagnoses include post fusion from L3-5, low back pain, left lower limb radiculopathy and post lumbar laminectomy syndrome. The injured worker was evaluated on 04/02/2014. It is noted that the injured worker is status post fusion of the lumbar spine at L4-5 with a secondary exploration and removal of posterior segmental instrumentation. The injured worker reported persistent lower back pain with radiation into the left lower extremity. Physical examination revealed tenderness over the scar area, tenderness over the lumbar paraspinal muscles, sciatic notch tenderness, painful and limited range of motion, negative straight leg raise, decreased sensation in the left lower extremity and normal motor strength. X-rays obtained in the office on that date indicated a solid fusion from L3-5 with posterior segmental instrumentation in satisfactory position. Treatment recommendations at that time included a revision laminectomy with exploration of the fusion and removal of the posterior segmental instrumentation with neurolysis of the nerve roots at L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front-Wheeled Walker for post-op use: 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 Index, 11th Edition (web), 2013, Knee & Leg (Acute & Chronic): 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 Chapter, Walking Aid.

Decision rationale: The Official Disability Guidelines state that walking aids are recommended as indicated. As per the documentation submitted, the injured worker was pending authorization for a lumbar spine surgery. However, the injured worker's surgical procedure has not been authorized at this time. Therefore, the current request for postoperative durable medical equipment is not medically appropriate. As such, the request is non-certified.