MAXIMUS Federal Services

Case Number:	CM14-0079608		
Date Assigned:	07/18/2014	Date of Injury:	10/11/2006
Decision Date:	11/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/30/2014

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 Emergency 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 with reported date of injury on 10/11/2006. Mechanism of injury was not provided for review. Patient has a diagnosis of herniated nucleus pulposus L5-S1, L5-S1 radiculopathy, chronic pain, lumbar strain, opioid dependence and L hip pain.Medical reports reviewed. Last report available until 5/8/14. Patient complains of low back pain and hip pain. Patient reportedly "feels the same". Objective exam reveals tenderness to lumbar paraspinal muscles and sacroiliac joints. Decreased range of motion of spine. Antalgic gait. L sided positive straight leg raise. Diffuse decreased sensation in lower extremities. Normal motor strength. L hip exam is limited by pain with ranging. Patient is noted to ambulate with a walker but can walk without it.A walker with a seat(Roll-aider) was requested to "help her ambulate and reduce pain symptoms to L hip".Medications include Norco and Flexeril. Independent Medical Review is for Walker with sear lumbar spine(roll-aider walker)Prior UR on 5/15/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

WALKER WITH SEAT LUMBAR SPINE (ROLL-AIDER WALKER): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official disability Guidelines, knee and leg chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis>, <Walking aids(canes, crutches, braces, orthoses and walkers)>

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not adequately deal with this topic. As per Official Disability Guidelines(ODG), walking aids such as walkers are recommended to assist in ambulation with pain. Frames or wheeled walkers are preferred in patients with bilateral disease. Patient does not have bilateral disease. Patient already has a walker. The requested walker is a brand specific device. There is no documentation of medical reasoning as to how a walker with a lumbar spine seat will aid the patient in walking compared to the regular walker or is it purely for the convenience of the patient. Walker with seat(RollerAid walker) is not medically necessary.