

Case Number:	CM14-0081493		
Date Assigned:	07/18/2014	Date of Injury:	07/18/2011
Decision Date:	09/15/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation, 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:

This 32 year-old patient sustained a low back injury on 7/18/11 from building scaffolding while employed by [REDACTED]. Request(s) under consideration include Front wheeled walker. Conservative care has included physical therapy, work restrictions, lumbar epidural steroid injections, Sacroiliac injections, and medications. Report of 3/13/14 from the provider noted the patient with ongoing chronic right buttock pain worse with forward flexion. Exam showed focal tenderness over SI joint with positive stress test at SI joint, positive Shear's, Gaenslen's, and lateral compression tests; documented 70-80% improvement with prior corticosteroid injections. Treatment plan was for arthrodesis of right SI joint. MRI of the lumbar spine dated 7/14/12 showed disc protrusions at L4-5 and L5-S1 without instability, canal or foraminal stenosis; and "no evidence of hip arthritis." Electro diagnostic study of 10/12/11 showed right L4, L5 lumbar radiculopathy. Request(s) for Front wheeled walker was non-certified on 5/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front wheeled 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-Treatment in Workers' Comp-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) Walking aids (canes, crutches, braces, orthoses, & walkers), page 358-359.

Decision rationale: This 32 year-old patient sustained a low back injury on 7/18/11 from building scaffolding while employed by [REDACTED]. Request(s) under consideration include Front wheeled walker. Conservative care has included physical therapy, work restrictions, lumbar epidural steroid injections, sacroiliac injections, and medications. Report of 3/13/14 from the provider noted the patient with ongoing chronic right buttock pain worse with forward flexion. Exam showed focal tenderness over SI joint with positive stress test at SI joint, positive Shear's, Gaenslen's, and lateral compression tests; documented 70-80% improvement with prior corticosteroid injections. MRI of the lumbar spine dated 7/14/12 showed disc protrusions at L4-5 and L5-S1 without instability, canal or foraminal stenosis; and "no evidence of hip arthritis." Electrodiagnostic study of 10/12/11 showed right L4, L5 lumbar radiculopathy. Request(s) for Front wheeled walker was non-certified on 5/20/14. Per Guidelines, disability, pain, and age-related impairments seem to determine the need for a walking aid; however, medical necessity for request of walker has not been established as no specific limitations in ADLs have been presented. The patient is currently taking medications for the chronic pain complaints. The provider noted the patient is ambulating without assistive devices and without documented difficulties or specific neurological deficits defined that would hinder any ADLs. Exam had no findings of neurological deficits in motor strength and sensation in bilateral lower extremities. The patient has been participating in outpatient office visits without issues and does not appear to be home bound. Submitted reports have not demonstrated adequate support for this from a clinical perspective without new acute injury or red-flag conditions. The Front wheeled walker is not medically necessary and appropriate.