

Case Number:	CM14-0087196		
Date Assigned:	07/28/2014	Date of Injury:	09/04/1990
Decision Date:	09/23/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/10/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 44-year-old female who sustained an injury to the back on 09/04/90. The mechanism of injury was a fellow coworker jumping on the patient's back. She was seen by the pain management consultant on 05/14/14. She reported that she had constipation alternating with diarrhea from a work injury and from a lumbar spine surgery. She had nerve damage and needed gloves to pick out stool which is constipated. She used medical marijuana and did not use any opiates. Urine drug screen from April 2014 was consistent with the medication regimen. She had difficulty with transportation and mobility due to her work injury and needed a mobility scooter. She was able to sit less than 5 minutes. Her sleep is disturbed multiple times per night secondary to pain. She was independent with her activities of daily living. She did not drive and used a wheelchair as an assistance device. Pertinent physical examination findings included calm and cooperative mood, gait was independent and erect. Examination was negative other than neurological and extremities. She was able to transfer independently, but she had allodynia to her left face and lower extremity spasm, pain and spasticity. Her diagnoses included lumbar degenerative disc disease status post left spine fusion with failed back surgery syndrome, low back pain with left lower extremity pain multi-dermatomal, left mid upper back myofascial spasm, left facial pain, chronic occipital headache and migraines and irritable bowel syndrome secondary to nerve damage from a work-related injury. Her treatment plan included mobility scooter for her appointment and transportation, Toradol 30 mg IM once and as needed to avoid the emergency room, ice, rest and heat p.r.n. and continuing Voltaren gel and Arnica gel. A request was sent for a mobility scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobility Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The employee had sustained a back injury on 09/04/90. Her diagnoses included failed back surgery syndrome, low back pain with left lower extremity pain, chronic headaches and irritable bowel syndrome secondary to nerve damage from work-related injury. She was on medical marijuana. The request was sent for a mobility scooter. According to chronic pain medical treatment guidelines, power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistance devices, a motorized scooter is not essential to care. The employee was noted to be independent with her activities of daily living. Her gait was noted to be independent. She was noted to be able to transfer independently. Her mobility deficit was mostly due to pain and spasticity. There is no documentation of upper extremity loss of strength which will preclude the use of a manual wheelchair. The documentation is also limited regarding the degree of impairment of the lower extremities. The request for a motorized scooter is not medically necessary and appropriate.