

<b>Case Number:</b>	CM14-0088055		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/07/2008
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Nevada. 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 records presented for review indicate that this 44-year-old was reportedly injured on August 7, 2008. The mechanism of injury is noted as lifting and moving a box of copy paper. The most recent progress note, dated April 14, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Norco, Neurontin, and Lexapro. The physical examination demonstrated the use of a Walker for ambulation. There were spasms and tenderness as well as guarding over the lower lumbar spine. Range of motion measurements were unable to be obtained secondary to pain. There was a positive bilateral straight leg raise test at less than 30 and there was decreased sensation at L5 and S1. An epidural steroid injection was recommended. Diagnostic imaging studies of the lumbar spine revealed a 2 to 3 mm disc protrusion at L5 - S1 with facet joint hypertrophy. Previous treatment includes a lumbar epidural steroid injection, bilateral facet injections, and a transforaminal nerve root injection. A request had been made for a walker and a seat attachment and was not certified in the pre-authorization process on June 11, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WALKER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking Aids, Updated August 25, 2014.

**Decision rationale:** According to the Official Disability Guidelines the use of a walking aid is recommended for individuals with knee pain and osteoarthritis. There is no indication stated for the use of a walker for low back pain. Therefore, the request for a walker is not medically necessary or appropriate.

**SEAT ATTACHMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Walking Aids, Updated August 25, 2014.

**Decision rationale:** Since the primary equipment is not medically necessary, none of the associated parts are medically necessary.