

Case Number:	CM14-0123823		
Date Assigned:	08/08/2014	Date of Injury:	10/09/2013
Decision Date:	01/30/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

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 Family Practice 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 injured worker is a 37-year-old male who experienced an industrial injury 10/09/13 when he drove a forklift over a pothole, causing his body to jolt out of the seat. He expressed having low back pain that gradually increased. He was diagnosed with L4-5 and L5-S1 spondylosis, disc herniation, central stenosis, lateral recess stenosis, and neural foraminal stenosis with bilateral lower extremity radiculopathy. There was a lumbar MRI done 12/05/13. Treatment included a lumbar epidural steroid injection with slight relief, six sessions of physical therapy, chiropractic care, naproxen, Norflex, tramadol, compounded topical creams, and activity modification. He was seen and evaluated on 01/17/14, 04/25/14, 05/09/14, 05/23/14, 06/06/14, 06/17/14, and 07/07/14. The report dated 06/17/14 seemed to provide the most current and accurate findings as follows. He complained of continuous pain in the lower back, with pain radiating to his bilateral lower extremities, his low back pain was present 100 percent most of the time. He experienced episodes of numbness and tingling in his bilateral lower extremities. He rated his pain in his lumbar spine at a level of 4-5, with on a good day, his pain level was 4 and on a bad day, his pain increased to 6-7. He stated coughing and sneezing aggravated his lower back, with his pain increased by prolonged standing, walking and sitting activities. He reported he was unable to sit for more than 10-15 minutes or stand for more than 5 minutes before his pain symptoms would increase. He reported he had difficulty bending forward, backwards, sideways, and driving for a prolonged period. He reported he also had difficulty sleeping and awakened with pain and discomfort, with his pain being worse in the evenings. He reported he experienced he had frequent constipation and that medications seemed to help to alleviate the pain. Progress reports did not address how and/or why the patient's medical condition warranted a front wheeled walker, nor did any of the following references (i.e.: ACOEM, CA MTUS, ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Front wheeled walker, postoperatively: 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) ODG-online - Knee and leg chapter, Walking aids

Decision rationale: Walking aids (canes, crutches, braces, orthosis, & walkers) are recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. Progress reports did not address how and/or why the patient's medical condition warranted a front wheeled walker. Therefore, the request is not medically necessary.