

<b>Case Number:</b>	CM14-0191680		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 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 (IW) is a 27-year-old man with a date of injury of April 17, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are low back pain; neck pain; sciatica; and left leg pain. The IW has had MRI of the lumbar spine dated May 8, 2014 which revealed endplate irregularity and Schmorl's nodes at the lower thoracic and upper lumbar levels. There is no disc herniation, cord compression, spinal stenosis Pursuant to the progress note dated June 24, 2014, the IW complains of constant neck and low back pain which radiates to the left leg and is described as severe, He also has weakness in the left leg. He ambulates with a walker. He is able to take his shoes on and off independently. He is able to transfer on and off the exam table independently. He sits comfortably. Examination of the lumbar spine reveals limited range of motion. There is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. Cervical range of motion is full in all planes. Neurological exam reveals normal bulk and tone in all major muscle groups. No atrophy is noted. Sensation was diminished in the L5 and S1 dermatomes of the lower extremities. The IW presented to the emergency room on August 1, 2014 for a medication refill of Norco. Documentation indicates the IW is taking Ultram ER 150mg for pain. He reports that Tramadol gives him insomnia. The injured worker's physical therapy is in progress; however, he states it is not helpful. The IW is currently using a front-wheeled walker for ambulation. The provider reports that the IW needs a walker with a seat so that he can rest when he needs to. The current request is for a walker with a seat for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walker with seat for the lumbar spine: 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); Pain Section, Walker.

**Decision rationale:** Pursuant to the Official Disability Guidelines, a walker with seat for the lumbar spine is not medically necessary. 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. In this case, the injured worker's working diagnoses are low back pain; neck pain; sciatica; and left leg pain. The date of injury is April 17, 2014. An MRI was performed of the lumbar spine on May 8, 2014. There was no disk herniation, disc bulges or any significant abnormalities noted. The injured worker reportedly uses a walker and complains of weakness in the lower extremities. He underwent physical therapy and acupuncture with no relief. In April 2014, the injured worker went to the emergency room for Norco prescription after running out of narcotics. The requesting physician is requesting a walker with a seat for the lumbar spine so "he can rest when he needs to". Physical examination is notable for range of motion that is decreased at the lumbar spine. There is tenderness palpation over the lumbar paraspinal muscle. Neurologic evaluation is unremarkable. Sensory examination was diminished in the L5-S1 dermatomes of the lower extremity. Nonuse is associated with less need, negative outcome and a negative evaluation are walking. The injured worker does not have any significant abnormalities on physical examination and a negative magnetic resonance imaging scan of the lumbar spine. Consequently, absent clinical indications requiring the use of a walker with a seat, a walker with seat for the lumbar spine is not medically necessary.