

<b>Case Number:</b>	CM14-0201186		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/31/2009
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 31, 2009. In a Utilization Review Report dated November 11, 2014, the claims administrator failed to approve a request for a motorized scooter and a functional lumbar support while approving a request for a revision spinal cord stimulator. Non-MTUS ODG Guidelines were invoked to deny the lumbar support and motorized scooter, despite the fact that the MTUS addressed both issues at hand. The claims administrator referenced an RFA form and progress note of November 3, 2014 at the top of its report but did not summarize either report in its rationale. The claims administrator alluded to the applicant's having had earlier lumbar spine surgery. The applicant's attorney subsequently appealed. On October 15, 2014, the applicant reported persistent complaints of low back and bilateral lower extremity pain, reportedly worsened. A 9 to 10/10 pain were noted. The applicant was having difficulty performing activities of daily living as basic as standing and walking. The applicant stated that he is spending much of his time lying down in bed. The applicant was status post an artificial disc replacement surgery and a multilevel lumbar fusion surgery. The applicant was using Xanax, Dilaudid, Duragesic, and Zanaflex, it was acknowledged. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In a November 6, 2014 progress note, the applicant reported persistent complaints of low back pain, "11/10." The applicant was using Xanax, Duragesic, Zanaflex, and oxycodone, it was acknowledged. The applicant's BMI was 27. The applicant was asked to continue oxycodone.

Revision spinal cord stimulator device was sought. The attending provider made no references to the lumbar support and/or motorized scooter also at issue. The applicant did have superimposed bipolar disorder, it was acknowledged. The applicant's gait was not clearly described. On December 15, 2014, the applicant reported persistent complaints of low back pain radiating to the right leg, 8/10. The applicant was on Medrol, Duragesic, Dilaudid, lithium, Prozac, Xanax, and Zanaflex, it was acknowledged. The applicant was placed off of work, on total temporary disability. A spinal cord stimulator re-programming, dental evaluation, addition of aquatic therapy, and Lyrica were suggested. The applicant was using a cane to move about, it was acknowledged. REFERRAL QUESTIONS: 1. No, the proposed motorized scooter was not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as a motorized scooter at issue are "not essential to care," particularly if an applicant's functional mobility deficits are such that can be sufficiently rectified through usage of a cane, walker and/or a wheelchair. Here, the applicant was characterized on an October 15, 2014 progress note as successfully ambulating with the aid of a cane. It was not clearly stated why the proposed motorized scooter would be needed here. The MTUS Guideline in ACOEM Chapter 12, page 301, furthers notes that making every attempt to maintain an applicant at maximal levels of activity including work activities, is recommended. Providing the motorized scooter here, would, however, minimize rather than maximize the applicant's overall levels of activities and function. Therefore, the request was not medically necessary. REFERENCES: 1. MTUS Chronic Pain Medical Treatment Guidelines, page 99, Power Mobility Devices topic. 2. ACOEM Practice Guidelines, Chapter 12, page 301, Physical Methods section. 2. Similarly, the proposed lumbar brace (AKA) lumbar support was likewise not medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was/is, quite clearly, well outside of the acute phase of symptoms relief, as of the date the request in question was sought, in November 2014, following an industrial injury of March 30, 2009. Introduction, selection, and/or ongoing usage of a lumbar support was not, thus, indicated in this late stage in the course of the claim. Therefore, the request was not medically necessary. REFERENCES: ACOEM Practice Guidelines, Chapter 12, page 301, Physical Methods section.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DME motorized scooter:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Power Mobility Devices topic Page(s): 99.

**Decision rationale:** 1. No, the proposed motorized scooter was not medically necessary, medically appropriate, or indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices such as a motorized scooter at issue are

"not essential to care," particularly if an applicant's functional mobility deficits are such that can be sufficiently rectified through usage of a cane, walker and/or a wheelchair. Here, the applicant was characterized on an October 15, 2014 progress note as successfully ambulating with the aid of a cane. It was not clearly stated why the proposed motorized scooter would be needed here. The MTUS Guideline in ACOEM Chapter 12, page 301, furthers notes that making every attempt to maintain an applicant at maximal levels of activity including work activities, is recommended. Providing the motorized scooter here, would, however, minimize rather than maximize the applicant's overall levels of activities and function. Therefore, the request was not medically necessary.

**Functional lumbar brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** 2. Similarly, the proposed lumbar brace (AKA) lumbar support was likewise not medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was/is, quite clearly, well outside of the acute phase of symptoms relief, as of the date the request in question was sought, in November 2014, following an industrial injury of March 30, 2009. Introduction, selection, and/or ongoing usage of a lumbar support was not, thus, indicated in this late stage in the course of the claim. Therefore, the request was not medically necessary.