

<b>Case Number:</b>	CM14-0202866		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/26/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 51 year old male who sustained a work related injury May 26, 2013. Treatment history includes medications, epidural injections, physical therapy, and a back brace. A radiology report, of the lumbar spine, dated August 25, 2014 revealed the presence of narrowing of the disc space at L4-5. There was also evidence of retrolisthesis by 2-3 mm of L4-5 which reduced in flexion but in extension it went into neutral position (official report not present in the case file). A primary treating physician's progress report dated October 29, 2014, documents that the patient presented with severe low back pain with radiation to legs and numbness to left leg. The treating physician documents that the patient walks with the assistance of a stick. The objective findings are documented as status quo awaiting surgery; discectomy, decompression, posterior lumbar fusion with screws, cages, and grafting L4-5. The listed diagnosis is degenerative disc disease with spinal instability L4-5. Treatment plan includes a request for a cane and pain medications. Work status is documented as totally temporary disabled until next exam on 12/15/2014. A request for authorization dated November 14, 2014 requests a walking cane #1. According to utilization review performed, November 20, 2014, the use of a walking aid is recommended with conditions causing impaired ambulation. There is no documentation on physical examination to support the request. Therefore, request for a walking cane# 1 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Walking Cane:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** This patient presents with low back pain that radiates into the bilateral legs with numbness in the left leg. The current request is for WALKING CANE. The ODG guidelines do not specifically discuss walking canes under the low back chapter. However, the ODG guidelines under its Knee Chapter has the following regarding walking aids, "Recommended for patients with conditions causing impaired ambulation, when there is a potential for ambulation with these devices." In this case, the patient has numbness in his left leg and the treating physician has documented spinal instability. A walking cane for assistance in ambulation is reasonable and within guidelines. The requested cane is medically necessary.