

Case Number:	CM14-0209652		
Date Assigned:	12/22/2014	Date of Injury:	08/21/2013
Decision Date:	03/09/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/15/2014

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: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury 08/17/2013. An emergency department visit dated 08/11/2014 reported the patient being one week post-operative for spine surgery and presents with complaint of having had bent over, felt a pop in her low back region resulting in severe sharp pain radiating down her left leg. Physical examination found reduced range of motion to left lower extremity. Low back exam showed no specific areas of bony point tenderness. There was mild to moderate lumbosacral paravertebral spasm bilaterally. Orthopedic recommendations noted addressing pain control until the following day of which the patient is to return for orthopedic re-evaluation. An orthopedic follow up visit dated 08/12/2014 showed a diagnoses of lumbosacral radiculopathy and lumbar strain. An orthopedic visit dated 09/15/2014 gave diagnoses lumbosacral strain and recurrent HNP L4-5. He is described as temporarily totally disabled and recommending repeat microdiscectomy L4-5 and fusion L4-5. Radiographic study MRI performed 08/26/2014 found l4-5 recurrent left paracentral disc herniation measuring 0.7 cm by 1.5 cm producing moderate to severe left lateral reses stenosis impinging upon the thecal sac in the region of the traversing left L-5 nerve rootlet. There is also note of mild left foraminal narrowing contacting the exiting left L-4 nerve rootlet. Status post left laminectomy with resection and lastly, L-5- S-1 there is moderate facet arthropathy bilaterally which could be a pain source. A request for services dated 11/10/2014 asking for a wheel chair, shower chair and a 3 in 1 commode. The Utilization Review denied the request as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheel Chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter Durable Medical Equipment (DME)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 275- 322,Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99,Postsurgical Treatment Guidelines.

Decision rationale: The medical records do not establish the need for a wheelchair. There is no documentation that the patient is nonambulatory and can not use walking aids. MTUS guidelines indicate that all attempts should be made to mobilize the patient with canes or other assistive devices. The medical need for a wheelchair has not been established in this case. There is no documentation that the patient can not be ambulatory with a cane or a walker.