

<b>Case Number:</b>	CM14-0219085		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Arizona, Michigan

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 injured worker is a 27 year old female who suffered an unknown work related injury on 05/25/13. Per the physician notes from 12/16/14 she complains of ongoing pain in the lumbar area with intermittent tingling and numbness in the bilateral lower extremities. She continues to defer any aggressive treatment for her lumbar spine. She takes hydrocodone as needed. Diagnoses include thoracic strain, lumbosacral strain/arthrosis, discopathy. Treatment plan includes continue home exercises, hydrocodone, and request scooter. The Claims Administrator non-certified the scooter request on 12/23/14 as the clinical information fails to meet the evidence based guidelines for the requested service. The MTUS was cited. This denial was subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Scooter for The Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

**Decision rationale:** Per the MTUS, power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheel chair, or there is a caregiver who is available, willing and able to provide assistance with a manual wheel chair. Early exercise, mobilization and independence should be encouraged at all steps of the recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. A review of the injured worker shows that she is ambulatory with no significant neurological and motor deficits on physical exam and her clinical presentation does not meet the criteria for use of a power mobility device. Therefore based on the injured workers clinical presentation and the guidelines the request for scooter for the lumbar spine is not medically necessary.