

Case Number:	CM14-0084216		
Date Assigned:	07/21/2014	Date of Injury:	02/19/2008
Decision Date:	01/05/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/05/2014

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 Occupational 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:

This is a 40-year-old male with a 2/19/08 date of injury. According to a progress report dated 6/5/14, the patient complained of low back pain that radiated down the bilateral lower extremities and was aggravated by walking. He complained of walking no more than 10 minutes before rest. He rated his pain as a 2/10 in intensity with medications and an 8/10 without medications. Objective findings include spasm and tenderness in bilateral thoracic paravertebral region, spasm and tenderness upon palpation in bilateral lumbar paravertebral areas, decreased lumbar spine range of motion, decreased sensitivity to touch along L5-S1 dermatome. Diagnostic impression: chronic pain, lumbar radiculopathy, bilateral ankle pain, status post spinal cord stimulator implant, complex regional pain syndrome. Treatment to date includes medication management, activity modification, and SCS. A UR decision dated 5/27/14 denied the request for electric scooter. Information about the patient's mobility was not given. The available clinical information does not support that the request is medically reasonable and necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 132.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that 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 wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. However, in the present case, there is no documentation that this patient has tried other methods for mobility, such as with a cane, walker, or wheelchair. A specific rationale as to why he requires a power mobility device was not provided. Therefore, the request for an electric scooter is not medically necessary.