

<b>Case Number:</b>	CM15-0106699		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Illinois, California, Texas  
 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:

The injured worker is a 58-year-old male who sustained an industrial injury on 12/14/11. Injury was reported due to continuous and repetitive trauma to the lumbar spine while performing work duties as a deputy sheriff. Past medical history was positive for hypothyroidism, sleep apnea, hypertension, and high cholesterol. The 4/27/15 treating physician report cited constant grade 6-7/10 low back pain radiating to both lower extremities, right greater than left, with numbness and tingling. Pain was increased with prolonged standing, walking, and sitting activities more than 30 minutes. Additional complaints included right hip, knee, and bilateral foot pain. Physical exam documented L3-S1 tenderness and spasms, facet tenderness and spasms, and bilateral sciatic notch tenderness. Lumbar range of motion was moderate to markedly limited and straight leg raise, tension sign, and femoral nerve stretch test were positive bilaterally. Neurologic exam documented decreased sensation over the bilateral L3, L4, L5, and S1 dermatomes, 4/5 bilateral L3, L4, L5, and S1 myotomal weakness, +1 patellar reflexes bilaterally, and absent Achilles reflexes bilaterally. Imaging and x-rays findings were reviewed. Imaging of the lumbar spine revealed severe facet hypertrophy at L3-S1 and moderate to severe disc space narrowing with moderate to severe spondylosis of L3-S1. The diagnosis included acute exacerbation with gradual worsening of lumbar radiculitis, radiculopathy and mechanical back syndrome, prior diagnostic study evidence of stenosis predominantly lateral recess and foramen at L3/4, L4/5, and L5/S1 bilaterally, and prior positive electrodiagnostic studies. Authorization was requested for interlaminar laminotomy and decompression of L3/4, L4/5, and L5/S1 bilaterally with associated surgical requests including front wheeled walker and transportation. The 5/19/15

utilization review certified the request for interlaminar laminotomy and decompression of L3/4, L4/5, and L5/S1 bilaterally with assistant surgeon, one-day hospital stay, post-operative therapy, Norco, lumbar brace, internal medicine clearance, and home health evaluation. The request for front wheeled walker was non-certified, as the submitted documentation did not clearly reflect significant strength issues, gait abnormalities, or safety issues to support the need for this type of assistive device. The request for transportation was non-certified as there was no indication that the injured worker had significant mobility issues that would preclude transportation by family and/or public conveyance, or that he would be confined for a significant period of post-operative immobility to support this request.

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

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

**Front wheel walker purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC walking aids.

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

**Decision rationale:** The California MTUS guidelines do not provide specific guidelines for post-op ambulatory assistive devices. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. This injured worker presents with bilateral lower extremity global weakness pre-operatively. The use of a front wheel walker seems reasonable to allow for early post-op functional mobility and safety following lumbar spine surgery. Therefore, this request is medically necessary.

**Transportation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Knee and Leg Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-80. Decision based on Non-MTUS Citation California Department of Health Care Services Criteria Manual Chapter 12.1, and CRITERIA FOR MEDICAL TRANSPORTATION AND RELATED SERVICES. II. Non-emergency Medical Transportation.

**Decision rationale:** The California MTUS state that the provider should manage non-medical issues. These issues can be handled in the same way as a regular medical specialist referral, using a network of resources when non-medical issues are involved. The California Department of Health Care Services provides specific criteria for non-emergency medical transportation. Non-

emergency medical transportation is provided when necessary to obtain program covered medical services and when the beneficiary's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated, such as inability to ride upright in a private or public vehicle, inability to transfer into a public or private vehicle, or inability to reasonably ambulate to a vehicle or a bus stop or board a vehicle. There is no documentation that the patient has a disability preventing self-transport, using public transportation, or securing a ride. Therefore, this request is not medically necessary.