

Case Number:	CM15-0106793		
Date Assigned:	06/11/2015	Date of Injury:	06/14/2012
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 6/14/12. The injured worker was diagnosed as having lumbar region sprain, lumbosacral neuritis, left sacroiliac sprain, and lumbar disc displacement. Treatment to date has included open reduction internal fixation of a right fourth proximal phalanx fracture and medication. Physical examination findings on 5/7/15 included decreased range of motion in the lumbar spine with left lateral flexion and extension due to pain. Moderate tenderness of the lumbosacral spine and paraspinals with moderate paralumbar muscle tightness was present. Currently, the injured worker complains of back pain and worsening weakness of the left leg. The treating physician requested a straight cane for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Straight Cane, Lumbar Spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & leg chapter, walking aids (canes, crutches, braces, orthoses, and walkers).

Decision rationale: The patient presents with low back pain radiating to bilateral lower extremities, rated 6/10. The request is for STRAIGHT CANE, LUMBAR SPINE. Physical examination to the lumbar spine on 01/29/15 revealed tenderness to palpation to the paraspinals with moderate paralumbar muscle tightness. Straight leg raising test was positive on the left. Per 03/18/15 progress report, patient's diagnosis include sprain lumbar region, lumbosacral neuritis nos, sprain sacroiliac left, and lumbar disc displacement L5-S1 and L4-L5 by MRI. Patient's medications, per 05/07/15 progress report include Norco, Celebrex, Flexeril, and Gabapentin. Per 05/07/15 progress report, patient is to remain off work until next office visit. ODG guidelines, knee chapter states the following about walking aids (canes, crutches, braces, orthoses, and walkers), "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Non use is associated with less need, negative outcome, and negative evaluation of the walking aid." Per progress report dated 05/07/15, patient is instructed to use a cane to avoid falling. In the same report, treater states that the patient has been falling and has sustained a fracture to the fourth digit. Records do not show cane was dispensed previously. Based on patient's condition and continued pain, the request for a cane to ambulate appears reasonable. Therefore, the request IS medically necessary.