

<b>Case Number:</b>	CM15-0138820		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	05/10/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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:

This injured worker is a 27-year-old male who sustained an industrial injury on 5/10/14. Past medical history was positive for anxiety and insomnia. Injury occurred when he stood up after getting medication out of a cabinet. The 6/10/14 lumbar spine MRI showed a grade 1 L5/S1 spondylolisthesis with a central disc protrusion and bilateral pars defects. A disc protrusion was present at L4/5 causing mild impression on the thecal sac and retrolisthesis. The 7/30/15 treating physician report cited back pain radiating into the right buttock and posterolateral thigh and calf with tingling of the dorsal aspect of his right foot. His right leg felt weaker than his left leg. Physical exam documented positive sciatic stretch test, lumbar extension between 0-30 degrees was poorly tolerated with severe right buttock pain. There was decreased right L5 dermatome. Imaging showed a grade I L5-S1 spondylolisthesis with bilateral foraminal distortion. The diagnosis was grade 1 lytic L5/S1 spondylolisthesis with intermittent bilateral L5 radiculitis. The treatment plan recommended an L5/S1 laminectomy, foraminotomy and transforaminal lumbar interbody fusion with Peek spacer. Associated surgical requests included a request for a front wheeled walker. The 7/6/15 utilization review certified the request for posterior L5/S1 laminectomy and transforaminal lumbar interbody fusion with PEEK cage and posterior segmental fusion L5-S1. The request for a front wheeled walker was non-certified as no rationale was provided to support the medical necessity of this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Front wheeled walker:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. 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 and Official Disability Guidelines (ODG) do not address the use of walkers in low back complaints. The MTUS guidelines recommend limited restriction of activity to avoid deconditioning. The ODG states that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. The use of a front wheel walker seems reasonable to allow for early post-operative mobility with reduced pain. Therefore, this request for one front-wheeled walker is medically necessary.