

Case Number:	CM15-0140444		
Date Assigned:	07/30/2015	Date of Injury:	06/20/2014
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California

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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 20, 2014. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve requests for a follow-up visit in 45 days and a four-point walker with associated seat and back support. The claims administrator referenced a June 18, 2015 progress note in its determination. The claims administrator noted that the applicant was a morbidly obese individual, standing 65 inches and weighing 330 pounds. Non-MTUS ODG Guidelines were invoked to deny the follow-up visit. The applicant's attorney subsequently appealed. On June 18, 2015, the applicant reported ongoing complaints of low back pain, 5/10. The applicant reported difficulty ambulating lengthy amounts of time. The applicant exhibited a moderately antalgic gait with the aid of a four-point cane. The applicant stood 5 feet 5 inches tall and weighed 330 pounds, it was reported. A 25-pound lifting limitation was imposed. The treating provider suggested (but not clearly stated) that the applicant's employer would likely be unable to accommodate the same. A pain management specialist evaluation was pending, it was reported. The applicant was asked to continue current medications. A four-point walker with associated seat and back support were noted. It was stated that the applicant was having considerable difficulty ambulating and/or standing for lengthier amounts of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up in 45 days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Yes, the proposed follow-up visit was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted in order to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant was seemingly off of work, and had ongoing, longstanding low back pain complaints. Obtaining a follow-up visit, thus, was indicated on several levels, including potentially for disability management purposes. Therefore, the request was medically necessary.

Four-Point walker with seat and back support: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg, Walking aids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: Similarly, the request for a four-point walker with associated seat and back support was likewise medically necessary, medically appropriate, and indicated here. As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, power mobility devices are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through usage of a cane, walker, and/or manual wheelchair. Here, the applicant was described as having a functional mobility deficit present on June 18, 2015. The applicant was having difficulty standing and/or walking for purportedly longer amounts of time, it was reported on that date, owing to combination of pain and obesity-related complaints. The applicant was described as severely obese, standing 5 feet 5 inches tall, and weighing 330 pounds, it was reported on that date. The applicant was using a cane to move about. Provision of a walker, was, thus, indicated to ameliorate the applicant's mobility deficit present at that point in time. The MTUS Guideline in ACOEM Chapter 12, page 301 notes that every attempt should be made to maintain an applicant at maximum levels of activity. Here, the attending provider seemingly stated that provision of the four-point walker would facilitate the applicant's ability to walk for more protracted distances and/or periods of time. Therefore, the request was medically necessary.

