

Case Number:	CM15-0162753		
Date Assigned:	08/31/2015	Date of Injury:	02/06/2008
Decision Date:	09/30/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/19/2015

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: Connecticut, California, Virginia

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 injured worker is a 54-year-old male who sustained an industrial injury on 02-06-2008. Mechanism of injury occurred when he was working overhead on a ladder drilling and felt a popping in his back. Diagnoses include chronic low back pain, lumbar radiculopathy, post lumbar laminectomy syndrome, spinal-lumbar degenerative disc disease and pain disorder with both psychological factors and orthopedic condition. Treatment to date has included diagnostic studies, medications, physical therapy, epidural injections, and status post bilateral laminotomy at L4-L5 and L5-S1 06-24-2008 and lumbar spine fusion surgery at the L4-5 and L5-S1 on 01-13-2009, and a trial of a spinal cord stimulator, which ultimately failed. Current medications include Colace, Omeprazole, Prozac, Naproxen, Oxycodone-APAP, Percocet and Methadone. A physician progress note dated 07-17-2015 documents the injured worker complains of worsening lower back pain with beltline distribution. He rates his pain as 6 out of 10 of the Visual Analog Scale with medications and 10 out of 10 without medications. He uses a cane to walk and he has an antalgic gait. He has left knee swelling with painful and restricted range of motion. There is tenderness to palpation over the lateral joint line, medial joint line and patella. Straight leg raise is positive on both sides of the lumbar spine. He has tenderness and spasms to palpation over the lumbar paravertebral musculature. Lumbar range of motion is restricted and painful. Pain is aggravated when walking longer than 10 minutes. The treatment plan includes BUN-Creatinine & Hepatic function panel. Treatment requested is for a motorized scooter for ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized scooter for amputation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Motorized scooters.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: 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. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. Overall, the provided records do not provide clear indications for a motorized scooter over other modalities. It appears that the patient does use a cane, and has been encouraged to walk for exercise. He walks his dog. With only the provided records in support of the request, per the MTUS guidelines, the request for a motorized scooter cannot be considered medically necessary.