

Case Number:	CM15-0207694		
Date Assigned:	10/26/2015	Date of Injury:	04/16/2010
Decision Date:	12/07/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/22/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 60 year old male, who sustained an industrial injury on 4-16-2010. A review of the medical records indicates that the injured worker is undergoing treatment for status post cervical spine C3-C7 fusion in 2014, cervical spine musculoligamentous sprain-strain with bilateral arm radiculitis, severe stenosis-intervertebral foraminal compromise at L4-L5 greater than L5-S1 per MRI scan in 2013, and lumbar spine musculoligamentous sprain-strain with right lower extremity radiculitis with severe spinal stenosis, foraminal compromise at L4-L5 with cauda equine morphology and less severe stenosis at L5-S1 with lateral recess stenosis. On 9-11-2015, the injured worker reported low back pain with bilateral lower extremity radicular symptoms with numbness and tingling to the bilateral lower extremities and severe muscle spasms when he stands from a seated position, with pain level unchanged since the previous examination rated 4-5 out of 10. The Primary Treating Physician's report dated 9-11-2015, noted the injured worker's current medication as Ultram. The physical examination was noted to show the lumbar spine with tenderness to palpation with muscle guarding and spasms over the paravertebral musculature bilaterally and the lumbosacral junction and bilateral sciatic notches. Straight leg raise was noted to be positive bilaterally eliciting radicular symptoms along the L5 and S1 nerve root distribution, with decreased lumbar spine range of motion (ROM) and decreased sensation along the L5 and S1 dermatomal distribution. The treatment plan was noted to include continuation of a home exercise program (HEP), continued medications, and a request for a rollator walker with seat. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization dated 9-11-2015, requested a front wheeled walker

with a seat. The Utilization Review (UR) dated 10-19-2015, denied the request for a front wheeled walker with a seat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front-Wheeled Walker with Seat: Upheld

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) walkers.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on wheelchairs and walkers, they are medically indicated in patient with knee pain associated with osteoarthritis. Per the progress reports, the patient does not have knee osteoarthritis but lumbar and cervical spine complaints. The patient on exam however does not exhibit significant limitations in range of motion or lower extremity strength or imbalance. Therefore, the request is not medically necessary.