

Case Number:	CM15-0208845		
Date Assigned:	10/27/2015	Date of Injury:	06/03/2009
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 38 year old male who sustained an industrial injury on 6-3-09. The injured worker has been treated for post-laminectomy syndrome of lumbar region; lumbar radiculopathy; obesity; chronic pain; lumbar disc displacement; thrombophlebitis; lumbar spinal stenosis; intractable low back pain; failed back syndrome; Type 2 diabetes. He currently (8-27-15) complains of constant lumbar spine pain and lower extremity pain and is associated with tingling and spasms and radiates to the mid-back, abdomen and genitals. His pain level was 7 out of 10. In addition he experiences abdominal pain 1 hour before he is to take his medication; constipation due to medications. On the 7-27-15 physical exam there was severe low back pain on the left, pain over lumbar facets and paraspinal muscles, mildly limited range of motion due to pain, positive straight leg raise. The progress notes dated 8-5-15 and 6-22-15 indicate a request for wheel chair to permit him to transport for greater distances given his limited ambulation due to pain. Specific activities of daily living were not present. Diagnostics included MRI of the lumbar spine (1-4-11), lumbar MRI (8-5-13) indicates mild osteoarthritis with possible mild labral tear of right hip; lumbar spine x-ray (12-5-12) and the 2015 report indicates hardware well positioned and ongoing fusion consolidation; computed tomography of the lumbar spine (3-8-13) indicates fusion incorporation; ultrasound of the abdomen right upper quadrant (3-29-13). Treatments to date include status post lumbar fusion (5-29-12); status post discectomy (4-9-10); medications: OxyContin, oxycodone, Zofran; spinal cord stimulator trial with modest relief of back pain; lumbar epidural steroid injection (8-31-09, 10-5-09, 10-29-09, 9-2013) with modest improvement; psychotherapy but declined psychiatric medications. The request for

authorization was not present. On 10-9-15 Utilization Review non-certified the requests for mobilized wheelchair; standard wheel chair.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- Motorized Wheelchair: 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 and Leg (Acute & Chronic) Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Power mobility devices (PMDs).

Decision rationale: Pursuant to the Official Disability Guidelines, DME: motorized wheelchair is not medically necessary. Power mobility devices (PMD) are 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. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar spine; stenosis lumbar; degeneration lumbar intervertebral disc; radiculopathy; and pain in pelvis joint. Date of injury is June 3, 2009. Request for authorization is October 5, 2015. According to pain management provider progress notes ranging from January 12, 2015 through July 27, 2015, the injured worker has a normal posture and normal gait. According to an August 5, 2015 progress note, the injured worker uses a front wheel walker when unusual. Subjectively, the injured worker has ongoing back and groin pain. Objectively, motor strength is 5/5. There is pain with internal rotation and external rotation of the hip. The treatment plan (in the August 5, 2015 progress note) contains a clinical entry requesting authorization for a wheelchair to permit transport greater distances given his limited ambulation due to pain. There was no clinical discussion, indication or rationale for a motorized wheelchair. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and no clinical discussion, indication or rationale for a motorized wheelchair, DME: motorized wheelchair is not medically necessary.

DME- Standard Wheelchair: 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 and Leg (Acute & Chronic) Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, Wheelchair.

Decision rationale: Pursuant to the Official Disability Guidelines, DME: standard wheelchair is not medically necessary. The guidelines recommend a manual wheelchair if the patient requires and will use a wheelchair to move around the residence and it is prescribed by a physician. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair and the patient would be able to self propel in the lightweight wheelchair. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar spine; stenosis lumbar; degeneration lumbar intervertebral disc; radiculopathy; and pain in pelvis joint. Date of injury is June 3, 2009. Request for authorization is October 5, 2015. According to pain management provider progress notes ranging from January 12, 2015 through July 27, 2015, the injured worker has a normal posture and normal gait. According to an August 5, 2015 progress note, the injured worker uses a front wheel walker when unusual. Subjectively, the injured worker has ongoing back and groin pain. Objectively, motor strength is 5/5. There is pain with internal rotation and external rotation of the hip. Straight leg raising was negative. Lumbar spine x-rays showed hardware is well-positioned. CAT scan of the lumbar spine indicates fusion incorporation from L4 - S1, otherwise mild findings. The treatment plan (in the August 5, 2015 progress note) contains a clinical entry requesting authorization for a wheelchair to permit transport greater distances given his limited ambulation due to pain. There is also documentation the record regarding weight gain secondary depression with the G.I. consultation from weight gain and possible gastric bypass surgery. The injured worker's weight as July 27, 2015 is 290 pounds and 68 inches with a BMI of 44.09. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, pain management provider notes indicating a normal gait, documentation indicating the use of a front wheel walker and insufficient documentation to support the need of a manual wheelchair, DME: standard wheelchair is not medically necessary.