

Case Number:	CM15-0212087		
Date Assigned:	10/30/2015	Date of Injury:	03/08/1994
Decision Date:	12/18/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old female, who sustained an industrial injury on 3-8-94. The documentation on 9-21-15 noted that the injured worker has complaints of low back pain that radiates down the left lower extremity and is aggravated by activity and walking. The documentation noted that the pain is rated as 7 out of 10 in intensity on average with medications since last visit and 7 out of 10 on average without medications since last visit. The documentation noted that the injured worker is unable to walk even one-half block and is limited in her ability to leave the house with her husband. Fibromyalgia exam showed 16 out of 18 fibro tender points. There is tenderness noted upon palpation in the spinal vertebral area L4-S1 (sacroiliac) levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the L4-S1 (sacroiliac) dermatome in bilateral lower extremities. Straight leg raise in the seated position was positive bilaterally 70. There is tenderness noted on palpation at the right knee. The diagnoses have included lumbar radiculopathy. Treatment to date has included spinal cord stimulator; opioid pain medication and lyrica and home exercise program. The original utilization review (10-8-15) non-certified the request for electric scooter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric scooter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

Decision rationale: The patient presents with low back pain radiating down the left lower extremity. Insomnia associated with ongoing pain, associated with anxiety. The request is for electric scooter. The request for authorization form is dated 10/02/15. The patient is status post spinal cord stimulator IPG/battery replacement, 08/08/14. CT scan of the lumbar spine, 01/24/13, shows mild to moderate spinal canal stenosis at L4-5 with moderate to severe left and mild to moderate right-sided neural foraminal stenosis; facet degeneration of L4-5 and L5-S1. MRI of the right knee, 01/29/03, shows tear of the junction of the posterior horn and body of the medial meniscus; osteoarthritic changes of the medial knee compartment. Patient's diagnoses include failed back surgery syndrome, lumbar; lumbar radiculopathy; diabetes mellitus, type 2 with hyperglycemia - stable; chronic pain, other; end of service life spinal cord stimulator IPG/battery; status post bilateral total knee arthroplasty. Physical examination of the lumbar spine reveals tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. The range of motion was moderately limited secondary to pain. Sensory exam shows decreased sensitivity to touch along the L4-S1 dermatome in bilateral lower extremities. Straight leg raise was positive bilaterally. Exam of the lower extremity reveals tenderness was noted on palpation at the right knee. A fibromyalgia exam was performed, the patient showed 16/18 fibro tender points. SCS continues very helpful with sciatica. Patient is to continue on-going home exercise program. The patient reports that the use of opioid pain medication is helpful. The patient reports 60% improvement due to this therapy. Patient's medications include Capsaicin, Percocet, Alprazolam, Bupropion, Fluoxetine, Glucotrol, Ibuprofen, Lyrica, Polyethylene Glycol, Sanctura, Simvastatin, Vaniqa Cream, and Vitamin B12. Per progress report dated 09/21/15, the patient currently not working. MTUS Chronic Pain Medical Treatment Guidelines, page 99, under "Power mobility devices (PMDs)" states "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." Per progress report dated 09/21/15, treater's reason for the request is "to facilitate mobility given the patient's difficulty with ambulation. Patient complains of limited ability to walk outside of the house secondary to bilateral leg pain. Patient is unable to walk even 1/2 of a block and is limited in her ability to leave the house with her husband." In this case, the patient continues with low back pain radiating to lower extremity. However, the treater does not explain why the patient's ambulation difficulties cannot be overcome with a cane or a walker. And there is no explanation as to why the patient would not be able to propel a standard wheelchair. Furthermore, based on guidelines, the request for an Electric Scooter is not essential to care. Therefore, the request IS NOT medically necessary.