MAXIMUS Federal Services

Case Number:	CM15-0032086		
Date Assigned:	02/25/2015	Date of Injury:	03/25/2002
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/19/2015

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: Colorado
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 63 year old female, who sustained an industrial injury on 3/25/02. She has reported back injury and neck injury. The diagnoses have included chronic neck pain with torticolis, peripheral neuropathy and questionable structural instability at C7-T1 with 3mm displacement. Treatment to date has included cervical fusion. (MRI) magnetic resonance imaging of brain performed on 9/5/14 revealed few punctuate subcortical white matter changes and (CT) computerized tomography Angiogram revealed 25% stenosis of left carotid artery and right carotid artery without significant stenosis. Currently, the injured worker complains of frequent falls and loss of power in her legs following cervical fusion. On physical exam spasm and pain to palpation of the paraspinous muscles and trapezius areas were noted. On 2/18/15 Utilization Review non-certified gait training, noting the documentation does not give a rationale for the medical necessity and specifically what aspects of gait are to be evaluated. The MTUS, ACOEM Guidelines, were cited. On 2/19/15, the injured worker submitted an application for IMR for review of gait training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gait Training: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS and ACOEMA do not address the issue of gait training, so the ODG was consulted. Per the ODG, gait training ("teaching patients with severe neurological or musculoskeletal disorders to ambulate, or to ambulate with an assistive device") can be recommended for patients whose ability to walk has been impaired by neurological disorder, muscular or skeletal abnormalities or trauma. Gait training would not be recommended if improvement is not expected. Also, gait training would not be recommended if gat abnormalities are minor or transient. For the patient of concern, one clinic note does document gait anomalies with wide-stance gait and inability to heel-toe walk. However, the most recent note indicates normal gait and "episodic" loss of power in legs causing falls. The cause for the episodes of leg weakness is not clear per the record, though possible causes are discussed, just not verified. The number of gait training sessions is not specified in the request. Without evidence as to a cause for patient symptoms, prognosis and possibility for improvement cannot be assessed, and with evidence of normal gait and "episodic" (transient) abnormalities in gait, then gait training would not be indicated, per the ODG.