

Case Number:	CM15-0036268		
Date Assigned:	03/04/2015	Date of Injury:	10/22/2008
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/26/2015

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 46 year old female who sustained a work related injury on October 22, 2008, to the lumbar spine. She was diagnosed with lumbar spinal stenosis, lumbar radiculopathy, and lumbar discogenic spine pain. She underwent lumbar disk surgery, laminotomy, decompression of nerve roots, partial facetectomy, in February 2011 and June, 2012. Treatment included physical therapy, epidural steroid injections and medications. Currently, in February 2015, the injured worker complained of ongoing back pain and difficulty ambulating. On March 4, 2015, a request for one walking cane was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One walking cane: 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), Low Back Chapter.

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 Chapter.

Decision rationale: The MTUS and ACOEM Guidelines do not address the use of cane, so the ODG was consulted. Use of walking aids (canes, crutches, braces, orthotics, walkers) can be recommended based on general disability, pain levels and age-related impairments. Patients with knee / leg pain, particularly due to osteoarthritis will commonly use walking aids. For the patient of concern, the clinic note from February 2015 does not indicate any specific change in patient condition, just continued back and leg pain. Per the records, patient ambulates and per physical therapy in December 2014, walks several blocks. Not clear why patient needs cane at this time. Without additional documentation of clinical findings that warrant walking aid, the cane is not medically necessary.