

Case Number:	CM15-0047631		
Date Assigned:	03/19/2015	Date of Injury:	06/26/2014
Decision Date:	04/24/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/12/2015

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: New Jersey, New York
 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 52 year old male who sustained a work related injury June 26, 2014, due to a motor vehicle accident. He immediately noticed low back and thoracic spine pain and a few days later radiating pain, into the bilateral lower extremities with weakness. He was initially treated with medication and physical therapy. Past history included hypertension. According to a primary treating physician's progress handwritten report, dated February 9, 2015, the injured worker presented with complaints of intermittent lumbar sacral pain, rated 7/10. Has been improving with chiropractic treatment but further treatment was recently denied. The pain decreases with ibuprofen and increases with activity. Physician further noted they will see if the initial trial of physical therapy/acupuncture will decrease his pain further. Electromyography studies are scheduled for March 4, 2015. Diagnosis is documented as lumbosacral sprain/strain with bilateral lower extremity pain. Treatment plan included a new request for physical therapy and acupuncture, a single point cane, and prescription for Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single point 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).

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

Decision rationale: The request is considered not medically necessary. ODG recommends walking aids when there is impaired ambulation, if this aid allows for the potential of ambulation. The patient is ambulatory, with a mild antalgic limp but can still bear weight and squat without pain. There is no indication for a walking aid at this time. Therefore, the request is considered not medically necessary.