

<b>Case Number:</b>	CM15-0050464		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	11/07/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 55-year-old female who sustained an industrial injury on 11/7/11. Injury occurred relative to carrying television sets with onset of significant low back pain. Past medical history was positive for history of narcotic addiction. The 1/20/14 lumbar spine MRI impression documented a 9 mm L4/5 disc protrusion causing moderate to severe compression of the thecal sac, 2 mm disc bulges at L4/5 with mild to moderate left and mild right L4/5 facet hypertrophy, and 2 mm L5/S1 disc bulge. The 2/27/15 treating physician report cited persistent low back pain radiating to the left buttock and occasionally the left leg with numbness and tingling. Physical exam documented positive left straight leg raise, decreased L5 dermatomal sensation, and decreased deep tendon reflexes. Psychiatric clearance was noted. The patient was ambulating without assistive device and moved about the exam room without difficulty. The treatment plan requested left L4/5 discectomy with pre-op medical clearance, lumbar brace, front wheel walker, and surgical assistant. The 3/9/15 utilization review certified the request for left L4/5 discectomy with pre-op medical clearance, lumbar brace, and surgical assistant. The request for front wheeled walked was non-certified as the injured worker had normal gait and was undergoing limited lumbar surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Front Wheel Walker: 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), 13 Edition, Knee & Leg 2015, Walking aids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

**Decision rationale:** The California MTUS guidelines do not address the use of walkers, but recommend limited restriction of activity to avoid deconditioning. The Official Disability Guidelines state that disability, pain, and age-related impairments determine the need for a walking aid. Assistive devices can reduce pain and allow for functional mobility. Guideline criteria have not been met. There is no indication of a pre-operative ambulatory deficit. There is no compelling reason documented in the medical records that a post-operative ambulatory deficit is anticipated that would necessitate use of a front wheeled walker. Therefore, this request is not medically necessary.