

Case Number:	CM15-0056355		
Date Assigned:	04/01/2015	Date of Injury:	09/08/2012
Decision Date:	05/07/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/24/2015

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 47 year old female, who sustained an industrial injury on 9/8/2012. She reported a cart hitting the lower back area. The injured worker was diagnosed as having lumbosacral degenerative disc disease, lumbar foraminal stenosis and mild left lumbar 4-5 radiculopathy. Electromyography (EMG) showed mild left lumbar 4-5 radiculopathy with chronic denervation and magnetic resonance imaging showed lumbar degenerative disc disease with central protrusions and annular tears. Treatment to date has included lumbar facet blocks, physical therapy, epidural steroid injections and medication management. In a progress note dated 2/12/2015, the injured worker complains of severe low back pain that radiated to the left leg. The treating physician is requesting post-operative 4 point wheeled walker for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative, 4-point wheeled walker, for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Durable Medical Equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip and Pelvis Chapter, under Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The patient presents with low back pain radiating to the left buttock and down the left leg. The request is for POST-OPERATIVE, 4 POINT WHEELED WALKER, FOR LUMBAR SPINE. Physical examination to the lumbar spine on 12/17/14 revealed tenderness to palpation over the lumbosacral mid line. Range of motion was decreased in all planes. Patient's gait was normal. Per 02/12/15 progress report, patient's diagnosis include degenerative disc disease L3-4, L4-5, and L5-S1, moderate left L4-L5 foraminal stenosis, mild left L4/L5 radiculopathy with subacute and chronic degeneration (per EMG 11/04/14). Patient is temporarily totally disabled. MTUS and ACOEM Guidelines do not address this request. ODG Guidelines, Hip and Pelvis Chapter, under Walking aids (canes, crutches, braces, orthoses, & walkers) states: "Recommended, as indicated below. Assistive devices for ambulation can reduce pain associated with OA. Frames or wheeled walkers are preferable for patients with bilateral disease. (Zhang, 2008)." The treater has not discussed this request. The request is for post-operative 4 point wheeled walker. In progress report dated 01/15/15, treater states that the patient is not a candidate for discectomy or laminectomy surgery because there is little stenosis and her pain is primarily attributed to degeneration of L3-4, L4-5 and L5-S1 discs and the preferred surgical treatment would be interbody fusion of all 3 discs. Per UR letter dated 03/11/15, the requested surgical intervention has been denied. Therefore, the request for post-operative 4 point wheeled walker IS NOT medically necessary.