

Case Number:	CM15-0083894		
Date Assigned:	05/06/2015	Date of Injury:	08/09/2013
Decision Date:	06/15/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/01/2015

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, Hawaii
 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 53 year old male who sustained an industrial injury on August 9, 2013. Previous treatment includes extensive conservative therapy including medications, physical therapy, multiple epidural injections and MRI of the lumbar spine. Currently the injured worker complains of persistent back and leg pain. On examination, the injured worker had a significant forward-leaning posture and tenderness to palpation over the lumbosacral paraspinal musculature bilaterally. He exhibits an antalgic gait to heel-toe walking on the right and had a positive straight leg raise on the right and left. An MRI of the lumbar spine reveals no significant changes from previous MRIs which revealed degenerative disc disease at L3-4, L4-5 and L5-S1 with facet arthropathy, lateral recess and foraminal stenosis bilaterally. Diagnoses associated with the request include lumbosacral sprain, lumbar spine stenosis, and displacement of the intervertebral disc. The treatment plan includes spinal decompression, fusion and stabilization from L3-S1 with laminectomy, nerve root decompression, posterior pedicle screw fixation from L3-S1 and transforaminal lumbar interbody fusion from L3-S1 with posterior lateral fusion using local and allograft bone and bone marrow aspirate supplement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) front wheeled walker: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); ODG Treatment in Workers' Comp, Knee and Leg Chapter - Walking aids (canes, crutches, braces, orthoses, & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg, Walking Aids.

Decision rationale: The patient presents with pain affecting the lumbar spine which radiates into the bilateral legs. The current request is for Durable Medical Equipment (DME) front wheeled walker. The treating physician states, the patient will require bracing as well as the use of an external bone growth stimulator postoperatively to facilitate healing following the spinal surgical procedure. (6B) the treating physician has also documented that the patient uses a shopping cart to brace himself while grocery shopping and has trouble walking around to perform ADLs. (32B) The ODG guidelines state, Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. In this case, the treating physician has documented that the patient has difficulty with ambulation and appears to be a risk for fall. The current request is medically necessary and the recommendation is for authorization.