

Case Number:	CM14-0148710		
Date Assigned:	09/18/2014	Date of Injury:	08/14/1995
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66-year-old female who reported an injury on 08/14/1995. The mechanism of injury is not included. The diagnoses included muscle spasm, post lumbar laminectomy syndrome, status post spinal cord stimulator implant, low back pain, and spinal/lumbar degenerative disc disease. The past treatments were not listed. The progress note, dated 08/28/2014, noted the injured worker complained of back pain radiating from her lower back down her left leg, rated a 3/10 with pain medications and a 7/10 without pain medications and reports the medications are working well without side effects. She also reports a recent hospitalization for amputation of her left 4th toe. Her activity level was noted to be unchanged with a previous note documenting the injured worker to be able to walk one half of a block with the assistance of her 4 point cane. The physical exam noted the injured worker to have a slow antalgic, unsteady, wide based gait, assisted with a 4 point cane. Lumbar spine range of motion was noted as flexion to 40 degrees, and extension limited to 5 degrees by pain. Spasm and tenderness to palpation were noted to the bilateral paravertebral muscles, patellar jerk was 2/4 bilaterally, and it was noted that the injured worker was unable to walk on her heels or toes. Motor strength of the extensor hallucis longus muscle was noted to be 5-/5 on the right and 4/5 on the left, ankle dorsiflexor was 5-/5 on the right and 4/5 on the left, with decreased sensation to pinprick over the medial and lateral foot and lateral calf and thigh on the left side. The medications included Cymbalta, Flexeril, Neurontin, and Percocet. Zolpidem was noted to have failed due to sleep walking. The treatment plan included the consideration of physical therapy for gait stabilization, which the injured worker deferred due to recent amputation of her left 4th toe, removal of a non-functioning, 10-year-old old spinal cord stimulator and to continue medication regimen. The physician further noted the plan to appeal the denial for the motorized scooter stating "The patient has unsteady, wide based gait, with increased frequency of falls and

would like to authorize the scooter to ensure safe ambulation." The Request for Authorization form was submitted for review on 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Motorized scooter as related to lumbar injury as out-patient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Powered Mobility Device. Decision based on Non-MTUS Citation ACOEM - <https://acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices, page(s) 99. Page(s): 99..

Decision rationale: The request for DME: Motorized scooter as related to lumbar injury as out-patient is not medically necessary. The injured worker was noted to have back pain rated 3/10 with medication use, motor strength 4-5-/5 to the lower extremities, the upper extremities were not noted, and she was noted to be able to walk one half block with the use of a 4 point cane. The California MTUS Guidelines state motorized scooters are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization, and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices a motorized scooter is not essential to care. The injured worker was noted to have an increased incidence of falls with using her 4 point cane; however, there was no indication of a trial with a walker, seated walker or manual wheelchair. There was no indication of the injured worker's inability to self propel a manual wheelchair, or discussion of a caregiver being available to provide assistance. Given the previous, the use of motorized scooter is not supported at this time. Therefore, the request is not medically necessary.